

Social Security Administration
Office of Research, Evaluation and Statistics
Division of SSI Statistics and Analysis
SSI Research Team

STATE ASSISTANCE PROGRAMS FOR SSI RECIPIENTS

JANUARY 1996

This report was prepared with the cooperation and assistance of State agencies and the Social Security Administration's regional office staffs

Copies of this publication are available from the
Social Security Administration
Office of Research, Evaluation and Statistics
3-J-1 Operations Building
6401 Security Boulevard
Baltimore, Maryland 21235

(410) 965-9851

Definition of Terms Used in Tabular Summaries

OPTIONAL STATE SUPPLEMENTATION¹

A State provides an optional supplement to help persons meet needs not fully covered by Federal SSI payments. The State determines whether it will make a payment, to whom, and in what amount. These supplements, paid on a regular monthly basis, are intended to cover such items as food, shelter, clothing, utilities, and other daily necessities. Some States provide optional supplementary payments to all persons eligible for SSI benefits, while others may limit them to certain SSI recipients such as the blind or residents of domiciliary-care facilities, or may extend them to persons ineligible for SSI because of excess income.

Statutory basis for payment

The State laws authorizing supplemental payments are specified.

Effective date

Date when the State instituted its optional supplementation program.

Administration

The governmental unit responsible for administering these payments is indicated. The unit may be either a State or local agency or the SSA. Under State administration, the State must absorb both program benefits and administrative costs. Under Federal administration, the State is responsible for the program benefits, and as of October 1, 1995 pays \$5.00 per benefit for the administrative costs.

Passalong

In order to be eligible for Medicaid reimbursement, any State making supplementary payments after June 30, 1977, must continue making payments and must pass along the cost-of-living increase to the Federal benefit rate (FBR).

Two methods are available to insure that cost-of-living increases are passed on to the recipients: the total expenditures method and the payment levels method.

¹ In addition to the optional State supplementation, States also provide mandatory minimum supplementation. This supplementation applies only to recipients who were converted to the SSI program from former State assistance programs at the inception of the SSI program. Mandatory minimum State supplementary payments are required by Public Law 93-66 to maintain the December 1973 payment levels that these recipients received under the former State assistance programs. States are required to provide this supplementation to maintain their eligibility for title XIX (Medicaid) Federal matching funds. The governmental unit responsible for administering these payments is indicated in Appendix A. The unit may either be a State or local agency or the Social Security Administration.

Under the total expenditures method, State expenditures for supplementary payments in the current calendar year must at least equal expenditures in the preceding calendar year. If expenditures are less in the current year (shortfall), the State must increase expenditures in the next calendar year by an amount at least equal to the shortfall.

Under the payment levels method, States must maintain their supplemental payments at either the March 1983 levels or the adjusted March 1983 levels. For States electing to maintain their March 1983 supplementation levels, the combined payment levels (FBR plus State supplement) were increased by at least the entire July 1, 1983, increase in the FBR. For States electing the adjusted March 1983 levels, the combined payment levels were increased by at least that portion of the July 1, 1983, FBR increase that was attributable to an increase in the cost of living (3.5 percent). As a result, States' supplemental levels could be decreased by that portion of the increase in the FBR that was not passed on.

Scope of coverage

The categories of persons the State has elected to supplement are described. States with State-administered programs establish their own eligibility conditions. States with federally administered programs must adhere to SSI eligibility criteria in all aspects except that they may establish additional income disregards.

Recoveries, liens, and assignments

Entries indicate the provisions of State supplementation plans governing recovery of

assistance payments and assumption of a recipient's property by the agency. As a condition of providing assistance, a State may require that a lien be placed on a recipient's property. Such a requirement does not affect a person's eligibility or payment status for Federal SSI benefits or federally administered State supplementary payments.

Relative responsibility

The State supplementation provisions which govern the responsibility of relatives for providing economic support and returning overpayments are indicated.

Income exclusions

Not all income is counted. The type and amount of income excluded in determining a recipient's State supplementary payment is indicated. States with State administered programs can establish their own income exclusions. States that elect Federal administration must either accept the SSI income exclusions or exclude additional amounts.

Under the Federal program, \$20 of earned or unearned income (other than income based on need that is funded partially or totally by the Federal government or by a nongovernment agency) may be excluded per month. Additionally, \$65 per month of earned income plus one-half of the earnings above \$65 are disregarded. In addition, some types of income are excluded, e.g., certain home energy and support and maintenance assistance, food stamps, most federally-funded housing assistance, State assistance based on need, one-third of child support payments, and income received frequently or irregularly. Countable income is deducted

first from the Federal benefit rate. If there is any excess income, it is deducted from the optional State supplementary payment level.

Resource limitations

To receive SSI payments, countable resources must be worth \$2,000 or less for an individual, or \$3,000 or less for a couple. Countable resources are property, real or personal, that count toward the resource limits. Recognizing that not everything an individual owns is available for his/her support and maintenance, the law provides for excluding certain resources in determining eligibility for SSI.

Excluded resources include (but are not limited to):

- 1) the house an individual lives in;
- 2) a car, if it is equipped for use by a handicapped person, if it is needed to conduct daily activities, to go to work, or to get regular medical treatment, or if it is under a certain value;
- 3) life insurance policies with a total face value of \$1,500 or less per person;
- 4) burial plots or spaces for the individual or his/her immediate family;
- 5) a burial fund of up to \$1,500 each for the individual's and his/her spouse's burial expenses; and
- 6) property essential to self support, including property used in a trade or business or on the job if the individual works for someone else.

These exclusions are the same for federally administered optional State supplementary payments as they are for Federal SSI benefits.

Place of application

The office accepting applications for supplementary payments is indicated.

Funding of assistance and administrative costs

The source of funds for supplementary payments and administrative costs is specified. In States requiring financial participation from local governments, the portions contributed by the State and the locality are indicated.

Interim Assistance Reimbursement Program (IAR)

The Social Security Administration may reimburse a State which has provided basic needs assistance to an individual during the period that either the individual's application for SSI was pending or the individual's SSI benefits were suspended or terminated. The individual's retroactive SSI payment is sent to the State as reimbursement if:

- 1) the State has an agreement with SSA to participate in the IAR program;
- 2) the individual has given SSA written authorization to have his/her retroactive payment sent to the State as reimbursement; and
- 3) the individual is found eligible for SSI payments or has had his benefits reinstated for the same period of suspense or termination.

Payment level

Both the maximum State supplemental payments and the combined maximum SSI and State payments which can be awarded to recipients without countable income are presented according to the State designated living arrangements. The Federal benefit rates which are included in the combined payment levels became effective January 1996 and are given below:

Federal benefit rates, January 1996

<u>Living arrangements</u>	<u>Individual</u>	<u>Couple</u>
Living independently	\$470.00	\$705.00
Living in household of another ²	313.34	470.00
In Medicaid facility ³	30.00	--
Essential person increment ⁴	235.00	--

STATE ASSISTANCE FOR SPECIAL NEEDS

This assistance is for emergency or special conditions not covered by monthly SSI or optional State supplementary payments. Disaster benefits, burial expenses, additional subsidies for institutional care, and moving expenses are included in this category.

Special need circumstances

The special need circumstances (recurring and nonrecurring) for which assistance can be approved are defined. Where available, eligibility requirements and payment limitations are described.

Administration

The governmental unit responsible for administering these payments is indicated.

² If a recipient lives in another person's household for a full calendar month and receives both food and shelter from that person, the Federal benefit rate (amount for living independently) is reduced by one-third.

³ When Medicaid is paying more than 50 percent of the cost of care.

⁴ The additional amount included in a recipient's check to cover the needs of a household member who provides essential care and services to the recipient and whose needs were previously taken into account in determining the recipient's assistance payment under a State plan approved under title I, X, XIV, or XVI of the Social Security Act.

MEDICAID

All States have federally assisted medical assistance (Medicaid) programs.

Eligibility

Either SSI program guidelines or State guidelines may be used in determining eligibility.

Criterion: Entries indicate whether Medicaid eligibility is based on the SSI program standards (title XVI) or on the more restrictive State guidelines. State guidelines may not be more restrictive than the State's January 1972 medical assistance standards.

Determined by: The governmental unit responsible for determining eligibility is indicated.

Medically needy program

The presence or absence of a medically needy program for SSI related populations is indicated. Statute permits States to choose either no medically needy program, a restricted program only for the AFDC-related, or a program for the AFDC-related and one or more of the SSI-related categories (i.e., the aged, blind, and disabled). States determine eligibility for this program.

Unpaid medical expenses

Under Medicaid statute, a State must pay the unpaid medical expenses incurred for services covered under its Medicaid State plan for up to 3 months before an individual was found eligible, if the individual would have been eligible had he or she applied then. The entry indicates whether SSA has a contractual agreement with the State to inquire about the unpaid medical expenses of SSI claimants.

TABLE OF CONTENTS

Page

Definition of Terms	i
---------------------------	---

STATE PROGRAMS:

Alabama 1	Kentucky 42	North Dakota 82
Alaska 4	Louisiana 44	Ohio 84
Arizona 6	Maine 46	Oklahoma 86
Arkansas 9	Maryland 48	Oregon 88
California 10	Massachusetts 50	Pennsylvania 92
Colorado 13	Michigan 53	Rhode Island 95
Connecticut 16	Minnesota 56	South Carolina 98
Delaware 19	Mississippi 59	South Dakota 100
District of Columbia 21	Missouri 60	Tennessee 102
Florida 24	Montana 62	Texas 103
Georgia 26	Nebraska 64	Utah 104
Hawaii 27	Nevada 67	Vermont 106
Idaho 29	New Hampshire 69	Virginia 109
Illinois 33	New Jersey 72	Washington 112
Indiana 36	New Mexico 74	West Virginia 115
Iowa 38	New York 76	Wisconsin 117
Kansas 41	North Carolina 79	Wyoming 120

APPENDICES:

A. Selected features of State supplementation: administration, passalong, and participation in the Interim Assistance Reimbursement program by State	122
Selected features of medical programs affecting SSI recipients and the needy by State	124
B. Summary of selected features of State supplementation, the Interim Assistance Reimbursement program, and Medicaid	126
C. Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category	127
D. Definitions of Federal payment codes and State living arrangements	136
Order form for future editions	158

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Title 38, Code of Alabama 1975, as amended.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	County Department of Human Resources (State-supervised).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided to SSI recipients living in the arrangements under "Payment Levels." Blind and disabled children living in those arrangements are eligible for optional supplementation. In addition, certain grandfathered aged, blind, and disabled persons who would receive SSI except for income, receive optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent and stepparent for child under age 18.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	County Department of Human Resources.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ State no longer has any recipients receiving mandatory minimum supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Receiving independent home-life care (IHC) in a private home or a personal care home: ³				
	Level of independence A	\$530.00	\$825.00	\$60.00	\$120.00
	Level of independence B	526.00	817.00	56.00	112.00
	Receiving IHC and support and maintenance in a private home or personal care home: ³				
	Level of independence A	373.34	590.00	60.00	120.00
	Level of independence B	369.34	582.00	56.00	112.00
	Receiving specialized IHC in a private home or personal care home: ³				
		530.00	825.00	60.00	120.00
	Receiving specialized IHC and support and maintenance in a private home or personal care home: ³				
		373.34	590.00	60.00	120.00
	Living in foster home with IHC or specialized IHC ^{3 4}	580.00	925.00	110.00	220.00
	Living in cerebral palsy treatment center:				
	Disabled	666.00	1,097.00	196.00	392.00

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ IHC or specialized IHC must be recommended by a licensed physician and someone must actually provide and receive payment for the care. The care provider cannot be an immediate relative and must be employed by a certified Home Health agency.

⁴ Foster homes must be licensed or approved by the Department of Human Resources.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Alaska Statute 47.25.430 as amended by State Legislative Amendments 1993, chapter 29.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Health and Social Services, Division of Public Assistance (State-administered in local offices).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every needy aged, blind, and disabled person (except those in the Alaska Pioneer's Home, in any nonmedical public institution, or in public or private institutions for mental disease). Blind and disabled children under 18 are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Children responsible for aged parents.
INCOME DISREGARDS	In addition to the Federal income disregards, in-kind income is excluded.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of State Department of Health and Social Services, Division of Public Assistance.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently	\$832.00	\$1,233.00	\$362.00	\$528.00
	Living independently with ineligible spouse	991.00	N/A	521.00	N/A
	Living in household of another	681.34	1,013.00	368.00	543.00
	Living in household of another with ineligible spouse	777.34	N/A	464.00	N/A
	Medicaid facility	75.00	150.00	45.00 ³	90.00 ³

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION SSI program guidelines (title XVI).

DETERMINED BY State.

MEDICALLY NEEDY PROGRAM No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Personal needs allowance either as a direct supplement to SSI or a deduction from other income that is applied to the cost of care.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Arizona Revised Statutes 46:252.
EFFECTIVE DATE	May 9, 1974.
ADMINISTRATION¹	Department of Economic Security (State-administered in local offices of State agency in communities or through contract agencies).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients who live in the arrangements listed under "Payment Levels" as well as to needy persons ineligible for SSI. Nursing home supplements provided only to aged persons. Funds from public or private non-profit organizations are used to defray the cost of nursing home care. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Area Agency on Aging, Catholic Social Services, other designated contracting agencies, or local offices of State Department of Economic Security. The County Health Department Long-Term Care Unit and the City Human Resources Department arrange home interviews (if needed) or refer to appropriate agencies.
FUNDING	Assistance: State funds. Administration: State funds.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Requires housekeeping services ³	\$540.00	N/A	\$70.00	N/A
	Licensed private nursing homes: ⁴				
	Aged	550.00	\$865.00	80.00	\$160.00
	Licensed county operated nursing homes: ⁵				
	Aged	N/A	N/A	174.00	348.00
	Licensed supervisory care homes, adult foster care homes, or 24-hour treatment facilities ³	520.00	805.00	50.00	100.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Economic Security.

**SPECIAL NEED
CIRCUMSTANCES:****VISITING NURSE
SERVICES**Up to \$160 per month to any aged SSI recipient when medical findings substantiate need.⁶**HOME HEALTH
SERVICES**Up to \$160 per month to any aged SSI recipient when medical findings substantiate need.⁶² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Only SSI recipients eligible for supplement.⁴ Payment level varies for those ineligible for SSI.⁵ Ineligible for SSI.⁶ Vendor payments.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

⁷ Medical assistance is provided through a title XIX authorized demonstration program, the Arizona Health Care Cost Containment System (AHCCCS), which is more limited in scope than Medicaid.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration obtains this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 12000ff, Welfare and Institutions Code.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for every aged, blind, and disabled SSI recipient. Blind and disabled children are eligible for optional State supplementation. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code J payment level) for up to 2 months.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Independent living with cooking facilities:				
	Aged and disabled	\$626.40	\$1,101.20	\$156.40	\$396.20
	Blind	681.40	1,248.20 ³	211.40	543.20
B	Nonmedical out-of-home care	772.00	1,544.00	302.00	839.00
C	Independent living without cooking facilities				
	Aged and disabled	694.40	1,237.20	224.40	532.20
	Blind	681.40	1,237.20	211.40	532.20
D	Living in household of another:				
	Aged and disabled	473.17	877.43	159.83	407.43
	Blind	528.17	1,051.91 ⁴	214.83	581.91
E	Disabled minor in home of parent	533.40	N/A	63.40	N/A
F	Nonmedical out-of-home care, living in household of another	622.34	1,288.33	309.00	818.33
G	Disabled minor in the household of another	380.17	N/A	66.83	N/A
J	Medicaid facility	42.00	84.00	12.00	24.00

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Blind individuals age 65 or over are entitled to the highest payment category for which they qualify.

³ Payment standard for couple with one blind member is \$1,192.20.

⁴ Payment standard for couple with one blind member is \$986.82.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	Health and Welfare Agency, Department of Social Services.
SPECIAL NEED CIRCUMSTANCES:	
MAINTENANCE FOR GUIDE DOG	Eligible recipients with guide, signal, or other service dogs receive \$50 per month in State aid to pay for dog food and other costs associated with the dog's maintenance.
IN-HOME SUPPORTIVE SERVICES	Supportive services (i.e., certain domestic and personal care services) are provided to eligible aged, blind, and disabled persons who cannot perform the services themselves and who cannot safely remain in their own homes unless such services are provided.

MEDICAID

ELIGIBILITY:	
CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Colorado Revised Statutes (CRS) 26-2, Section 202-209, 1973 as amended.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	State Department of Social Services (State-supervised with local administration).
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients living in the arrangements listed under "Payment Levels." Persons living in the household of another are included under the living independently standard; State supplement is increased to offset the reduced Federal payment. At age 65, a disabled recipient may elect to transfer to the aged category or remain in the disabled category. Blind and disabled children are eligible for State supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	<p>Aged and disabled: \$20 per month plus 1/2 of remainder (to maximum of \$50) of earned income, plus mandatory payroll deductions, plus \$30 employment expenses, plus additional reasonable employment expenses.</p> <p>Blind: \$85 per month plus 1/2 of remainder of earned income, plus mandatory payroll deductions, plus \$30 employment expenses, plus additional reasonable employment expenses.</p>
RESOURCE LIMITATIONS	Resources are considered property. Current market value of property is used in determining resources and only net value of property (after deducting the amount of indebtedness or encumbrances) is considered. Basic resource limitation is \$1,000. Resource limitation for an ineligible spouse of an

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**RESOURCE
LIMITATIONS (CON.)**

eligible recipient is \$2,000. Major property exclusions are real estate of any value owned and occupied as a residence, one automobile used for essential transportation, furniture, household equipment, clothing, prepaid burial contracts (irrevocable contracts of any amount, revocable contracts of up to \$1,500), certain business or farm implements with specified value limitations, and cash surrender value of life insurance policy up to \$5,000.

**PLACE OF
APPLICATION**

County social services offices.

FUNDING

Assistance: 100 percent State funds for the aged;
80 percent State funds, 20 percent local
funds for the blind and disabled.
Administration: 80 percent State funds, 20 percent local
funds.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently: ³				
	Aged	\$526.00	\$1,028.00	\$56.00	\$323.00
	Blind and disabled	470.00	916.00	--	211.00
	Adult foster care	676.00	N/A	206.00	N/A
	Home care: ⁴				
	Aged	826.00	N/A	356.00	N/A
	Blind and disabled	770.00	N/A	300.00	N/A
	Individual with essential spouse:				
	Blind and disabled	598.00	N/A	128.00	N/A

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other sources of income are allowed to keep \$29.00 per month as a personal needs allowance.

³ Combined Federal/State payment level also applies to persons living in the home of another. State supplement is increased to offset the reduced Federal payment for this living arrangement.

⁴ Represents maximum allowance. Lesser amounts may be paid according to the amount of home care needed.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	State Department of Social Services ⁵
SPECIAL NEED CIRCUMSTANCES	Funeral expenses--If costs of funeral home/cemetery do not exceed \$1,500, the benefit maximum is \$1,500. If costs exceed \$1,500, no assistance is provided.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

⁵ At their option, county social services boards may provide optional supplementation for other special need circumstances.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 17-109, Connecticut General Statutes.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Social Services (State-administered in local offices of the State agency).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided for aged, blind, and disabled SSI recipients living alone and with others. No provision is made for essential persons. Blind children are eligible for supplementation, but disabled children are not. Blind and disabled recipients are reclassified as aged upon reaching 65 years old.
RECOVERIES, LIENS, AND ASSIGNMENTS	Liens secure claims against real property. State has a preferred mandatory claim against an estate to the extent that it is not needed for the support of the surviving spouse, parent, or dependent children of the decedent. Liens may be comprised or released upon payment of claim or amount equal to beneficiary's interest. If applicant/recipient owns other nonhome property he has 9 months to sell it. During that time he gives the State a security mortgage.
RELATIVE RESPONSIBILITY	Spouse for spouse; parents for blind children under 18.
INCOME DISREGARDS	<p>Unearned Income: For recipients residing in the community, State disregards \$183.00 of any unearned income including SSI; for recipients residing in boarding homes, \$90.70 is disregarded.</p> <p>Earned Income: The first \$65 and one-half of the remainder for aged and disabled. The first \$85 and one-half the remainder for the blind. Work related expenses for the blind: 1) nonpersonal expenses such as union dues (if mandatory) and cost of tools, materials, uniforms if not paid for or furnished by the employer; 2) personal expenses such as Social Security tax, life and health insurance, lunch, and transportation.</p>

¹ State no longer has any recipients receiving mandatory supplementation.

**INCOME
DISREGARDS (CON.)**

Additional deductions are allowed for the blind and disabled related to plans for self support. Those who are disabled are also allowed deductions for impairment related work expenses.

**RESOURCE
LIMITATIONS**

No limit on real property occupied as a home. Equity in real property other than a home must be liquidated. Value of personal property (excluding household and personal effects, car if needed, and tools and equipment or livestock essential to production of income) limited to \$1,600 for an individual and \$2,400 for a couple. In addition, up to \$1,200 for burial contract reduced by the value of irrevocable burial arrangements and the face value of life insurance policies of \$1,500 or less.

**PLACE OF
APPLICATION**

Local offices of State agency.

FUNDING

Assistance: State funds.
Administration: State funds.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Independent community living ³	\$747.00	\$1,094.00	\$277.00	\$389.00

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Boarding home rate is set by Committee on State payments in accordance with individual cost data for the operations of the facility.

³ Budget process used to establish payments amounts. This supplement consists of a housing allowance (maximum of \$400 for living alone; \$200 for living with others), basic needs items, minus countable income (see income disregards). The amount presented assumes eligibility for the highest rental allowance and the maximum budget amount.

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Income Maintenance.

**SPECIAL NEED
CIRCUMSTANCES:****RECURRING**

Emergency housing - 1 occurrence per calendar year--
no more than 60 days per occurrence
Refuse collection - actual charge
Therapeutic diet - \$36.20 a month
Meals-on-wheels - \$89.10 a month for 1 meal a day
\$164.80 a month for 2 meals a day
Restaurant meals - \$36.20 a month for an individual living
in the community
\$7.80 per day for an individual living in
emergency housing

NONRECURRING

Security deposit for housing - up to 2 times the monthly
obligation
Security deposit for heating service - actual cost up to
limit of \$200
Storage charges - up to 3 months
Moving expenses
Essential household furnishings
Telephone installation
Essential clothing

MEDICAID**ELIGIBILITY:****CRITERION**

State guidelines.

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**The Social Security Administration does not obtain this
information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Title 31, Section 505, Delaware Code.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration and State Department of Health and Social Services, Division of Social Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for aged, blind, and disabled adults who are: 1) SSI recipients or would be except for income, and 2) certified by the Delaware State Department of Health and Social Services as living in an approved adult residential-care facility. Blind and disabled children under age 18 are not eligible for supplementation, but may receive benefits and services under the child welfare program.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	Federal SSI income disregards apply.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local office of the State agency for placement eligibility; Social Security Administration for payment eligibility.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ State determines eligibility for special adult residential-care supplement in local offices of State agency; Social Security Administration administers payment for both optional and mandatory minimum supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living in adult residential care facility	\$610.00	\$1,153.00	\$140.00	\$448.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

State Department of Health and Social Services, Division of Social Services.

**SPECIAL NEED
CIRCUMSTANCES**

State provides cash assistance for specific emergencies on a one-time basis.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

**MEDICALLY NEEDY
PROGRAM**

No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration obtains this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	District of Columbia Laws 2-35, as amended, and 3-23.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration and District Department of Human Services, Income Maintenance Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided to all aged, blind, or disabled persons who are eligible for SSI payments or would be eligible except for income. Blind and disabled children are eligible for optional supplementation. No statutory minimum age requirement for receiving adult foster care supplementation, but children receive assistance through child welfare services provisions. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code C payment level) for up to 2 months.
RECOVERIES, LIENS, AND ASSIGNMENTS	None, except those cases in which liens were assigned prior to the establishment of the SSI program.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Department of Human Services, Income Maintenance Administration for adult foster-care home eligibility; Social Security Administration for payment eligibility. ¹

¹ For the adult foster care supplement, the District determines eligibility and the Social Security Administration (SSA) administers the payment. For all other supplements, including mandatory minimum supplementation SSA determines eligibility and administers the payment.

FUNDING

Assistance: District of Columbia funds.

Administration: District of Columbia funds.

INTERIM ASSISTANCE

District participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Adult foster-care home (50 beds or less)	\$617.20	\$1,234.40	\$147.20	\$529.40
B	Adult foster-care home (over 50 beds)	727.20	1,454.40	257.20	749.40
C	Living independently	474.70	719.60	4.70	14.60
D	Living in household of another	321.47	489.73	8.13	19.73
E	Living independently with an essential person ³	705.00	949.10	--	9.10
F	Living in household of another with an essential person ³	474.46	642.73	4.46	16.06
G	Medicaid facility	70.00	140.00	40.00	80.00

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Applies only to recipients converted from former State assistance programs.

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Human Services, Income Maintenance Administration.

**SPECIAL NEED
CIRCUMSTANCES**

Lump-sum payment to aged persons requiring emergency assistance due to lack of basic necessities. Assistance is limited to no more than once annually.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Chapter 409.212, Florida Statutes.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Health and Rehabilitative Services, Aging and Adult Services Program Office and Development Services Program Office. (State-administered through local offices of State agency in communities.)
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Under the Community care programs an optional State supplement is provided to aged, blind, or disabled persons who either receive SSI payments or meet all SSI criteria except for income and their income does not exceed \$598. Blind and disabled children are not eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	Amount of public assistance received after August 31, 1967 creates a debt against the estate of the aged, blind, or disabled recipients and the State can file a claim after death. Homestead exempt during life of spouse and/or dependent children if occupied as a homestead. Liens are filed against property only when the recipient or family of a minor failed to pay established maintenance fees.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	Community care program: Personal needs allowance of \$43 per month and earned income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Community care program: Local offices of State Department of Health and Rehabilitative Services.

¹ State no longer has any recipients receiving mandatory minimum supplementation.

FUNDING Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Community care program: ^{3 4}				
	Adult family care homes	\$641.00	N/A	\$171.00	N/A
	Assisted living facilities	641.00	N/A	171.00	N/A
	Medicaid facility	35.00	\$70.00	5.00	\$10.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM Program for the aged, blind, and disabled medically needy, administered by the State.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Payment includes up to \$43 for personal needs allowance.

⁴ Recipients who lose SSI eligibility because of title II increases may continue to be eligible if they qualify for these living arrangements.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by the method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Approval by Attorney General of Hawaii of the contract between State and U.S. Department of Health and Human Services.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided for every SSI recipient except those who are living in the household of another or who are patients in either: 1) medical facilities where Medicaid pays more than 50 percent of the cost of care; or 2) private medical facilities not certified under Medicaid. Blind and disabled children are eligible for supplemental payments. Payment amounts for eligible children in domiciliary care are determined on an individual basis. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code A payment level) for up to 2 months.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently	\$474.90	\$713.80	\$4.90	\$8.80
F	Domiciliary Care I	754.90	1,509.80	284.90	804.80
G	Domiciliary Care II	839.90	1,679.80	369.90	974.80
H	Domiciliary Care III	941.90	1,883.80	471.90	1,178.80

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Human Services

**SPECIAL NEED
CIRCUMSTANCES:**

Housing and utility deposit (one-time only).³
 Repair or replacement of stove or refrigerator.³
 Emergency assistance due to natural disaster.³

Special care payments of \$100 monthly are provided to SSI recipients residing in domiciliary care home who have been certified for an intermediate care facility (ICF) or skilled nursing facility but have not been placed in one because of a lack of bed space. In addition to meeting other requirements, these recipients must either be wheelchair bound, incontinent, or in need of non-oral medication.

MEDICAID**ELIGIBILITY:****CRITERION**

State guidelines.

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Payments made to SSI recipients if their total income is less than \$470 monthly.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Idaho State code 56-207, 56-208, 56-209a.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Health and Welfare (State-administered through local offices of the State agency in communities).
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided for every SSI recipient living in the arrangements under "Payment Levels." Persons living in the household of another are included under the living independently standard; State supplement is increased to offset the reduced Federal payment. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Husband and wife, and parents and minor children mutually.
INCOME DISREGARDS	<p>All recipients: First \$20 per month of any income including SSI and first \$65 plus one-half remainder of earned income per month.</p> <p>Disabled: Plus, for up to 36 months, other income and resources needed to achieve approved plan for self-support.</p> <p>Blind: Plus other income and resources needed to achieve approved plan for self-support.</p>
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PLACE OF APPLICATION Local offices of State Department of Health and Welfare.

FUNDING Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE State does not participate.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State³</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>

January 1996

Living independently or with others ⁴	\$507.00	\$714.00	\$37.00	\$9.00
Living with essential person	714.00	N/A	9.00	N/A
Room and board facility ⁵	542.00	N/A	72.00	N/A
Adult residential care home/ Adult foster care home ⁵				
Level I	720.00	N/A	250.00	N/A
Level II	773.00	N/A	303.00	N/A
Level III	823.00	N/A	353.00	N/A
Semi-independent group residential facility ⁵	605.00	N/A	135.00	N/A

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ State provides an additional income disregard of \$20 per month of any income including SSI.

⁴ Combined Federal/State payment level also applies to persons living in the household of another. State supplement is increased to offset the reduced Federal payment for this living arrangement.

⁵ Couples in these living arrangements are treated as individuals the month after they leave an independent living arrangement.

PAYMENT LEVELS (CON.)²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State³</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
July 1996					
	Living independently or with others ⁴	\$518.00	\$720.00	\$48.00	\$15.00
	Living with essential person	720.00	N/A	15.00	N/A
	Room and board facility ⁵	553.00	N/A	83.00	N/A
	Adult residential care home/ Adult foster care home ⁵				
	Level I	831.00	N/A	361.00	N/A
	Level II	898.00	N/A	428.00	N/A
	Level III	966.00	N/A	496.00	N/A
	Semi-independent group residential facility ⁵	616.00	N/A	146.00	N/A

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Health and Welfare.

SPECIAL NEED**CIRCUMSTANCES:****RESTAURANT**

Eating out allowance of up to \$50 per month if physically unable to prepare meals.

MEALS**MAINTENANCE**

Allowance for care and maintenance of guide dog of up to \$17 per month.

FOR GUIDE DOG**ROOM AND****BOARD**

Allowance of \$50 for an individual who lives with a relative and does not pay for room and board. If not for the relative, this individual would have to live in a nonindependent arrangement.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Illinois Revised Statutes, Chapter 305; Public Aid Code Article III, Section 5/3-1.
EFFECTIVE DATE	March 1, 1974.
ADMINISTRATION¹	Department of Public Aid (State-administered through local offices of State agency).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for all aged, blind, and disabled SSI recipients whose income-maintenance needs based on State standards exceed their monthly SSI benefit plus other income. If the individual has been denied SSI due to level of income, eligibility for an optional State supplemental payment may exist if there is a deficit between all other income and the income-maintenance need based on State standards. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	Estate claims are filed against real and personal property for: 1) all income maintenance paid out at any time after 1963, and 2) all medical assistance paid out prior to October 1, 1993 and after January 1, 1966 for a person age 65 years of age and older, and 3) all medical assistance paid out after October 1, 1993 for a person age 55 years of age or older.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent for child under age 21, except that a parent is not responsible for: 1) a child of any age who has married, regardless of current marital status, and is not living with the parent or 2) a child between the ages of 18 and 21 who is not living with the parent.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INCOME
DISREGARDS**

All recipients: First \$25 per month of any income, except income received from a spouse or other person.

Aged and disabled: \$20 plus one-half of next \$60 per month of earned income.

Blind: \$85 plus one-half of remainder of earned income per month.

Blind and disabled: Certain work expenses deducted from earnings. Income and resources needed for 12 months to fulfill a plan for self-support can be exempted.

**RESOURCE
LIMITATIONS**

Ownership of real property used as a home does not disqualify. Other real and personal property is limited to \$2,000 per year per individual and \$3,000 per couple. Exempted from this property are clothing, household furnishings, income-producing business or farming equipment, motor vehicles, as well as life insurance, prepaid burial plans, and burial merchandise which do not exceed defined value limits.

**PLACE OF
APPLICATION**

County Department of Public Aid, except in Cook County where application is made at district offices of the Department of Public Aid.

FUNDING

Assistance: State funds.

Administration: State funds.

**INTERIM
ASSISTANCE**

State does not participate.

PAYMENT LEVELS

Optional supplement amount is equal to the difference between monthly SSI benefit plus other income and the income-maintenance needs based on State standards. The income-maintenance needs of each case are determined individually regardless of living arrangement. Utility allowance varies by geographical area.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	Department of Public Aid.
SPECIAL NEED CIRCUMSTANCES²	Repair and maintenance of property. Costs of utility services and telephone installment.

MEDICAID**ELIGIBILITY:**

CRITERIA	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy, and children and caretakers.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

² Payment may be made in situations verified for need to individuals eligible for and receiving the optional State supplement. Conditions for payment and payment amounts determined on a case-by-case basis.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Indiana Public Law 46, Acts of 1976.
EFFECTIVE DATE	July 1, 1976.
ADMINISTRATION¹	Family and Social Services Administration, Division of Aging and Rehabilitative Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to adult Medicaid or SSI recipients who because of age, blindness, or disability are unable to reside in their own homes and need care in a residential facility. Blind and disabled children are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse when residing with spouse in the same facility.
INCOME DISREGARDS	Disregarded from sheltered workshop earnings are: \$16 employment incentive, mandatory earning deductions, and one-half of the remaining earnings.
RESOURCE LIMITATIONS	An individual may have a reserve of nonexempt real and personal property (including cash, stocks, bonds, cash surrender value of life insurance, etc.) of no more than \$1,500; a couple may have no more than \$2,250. If spouse resides in the same facility, the resources of both, subject to the \$2,250 limit, are considered in establishing eligibility. Ownership of personal property essential for an adequate living arrangement, production of produce for home consumption, and personal effects shall not affect an individual's eligibility. Cash surrender value of life insurance is disregarded if the face value does not exceed \$1,400 and the beneficiary is the funeral director or the person's estate. The \$1,400 limitation is reduced by any amount in an irrevocable burial trust or irrevocable prepaid funeral arrangement. Real property offered for sale or rent is exempt.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PLACE OF APPLICATION Division of Family and Social Services Administration, county offices of the Division of Family and Children Services.

FUNDING Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Licensed residential facility ³	\$1,100.36	N/A	\$630.36 ⁴	N/A

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION State guidelines.

DETERMINED BY State.

MEDICALLY NEEDY PROGRAM No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Care in a licensed residential facility consists only of room, board, and laundry together with minimal administrative direction. The facility must be licensed by the Indiana Board of Health and approved for participation in the Room and Board Assistance program by the Indiana Family and Social Services Administration. A residential facility can be publicly or privately owned; for profit or not-for-profit.

⁴ Represents maximum amount paid; lesser amounts may be paid depending on cost of facility and income of recipient. Includes a personal allowance payment of up to \$30 per month.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Chapter 249, Code of Iowa.
EFFECTIVE DATE	January 1, 1974 (blind), May 1, 1974 (aged and disabled).
ADMINISTRATION¹	Social Security Administration; State Department of Human Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled persons living in the arrangements listed under "Payment Levels." Supplementation is not provided to residents of emergency shelters or medical facilities. Blind children are eligible for optional supplementary payments if living in their own household or with a dependent relative; disabled children are eligible for optional supplementation if living with a dependent relative.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices for federally administered payments; local offices of State Department of Human Services for State-administered payments.
FUNDING	Assistance: State funds. Administration: State funds.

¹ State Department of Human Services administers supplemental payments for persons receiving residential or in-home health-related care. Social Security Administration administers all other supplemental payments, including mandatory minimum supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently: Blind	\$492.00	\$749.00 ³	\$22.00	\$44.00 ³
B	Living in household of another: Blind	335.34	514.00 ³	22.00	44.00 ³
C	Living with dependent person: Aged and disabled	705.00	940.00	235.00	235.00
	Blind	727.00	984.00 ³	257.00	279.00 ³
D	Family life or boarding home	532.20	1,084.40	62.20	379.40
H	Living with dependent person in household of another: Aged and disabled	548.34	705.00	235.00	235.00
	Blind	570.34	749.00 ³	257.00	279.00 ³
I	Family life or boarding home (one-third reduction in Federal benefit rate applies)	375.54	849.40	62.20	379.40
	Residential-care	726.92	N/A	256.92 ⁴	N/A
	In-home health care	879.89	1,524.78 ⁵	409.89 ⁶	819.78 ⁵

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Payment level when both members of couple are blind; when one member blind, payment is reduced by \$22.⁴ Represents maximum amount paid. Amount of State supplement is based on allowable costs of residential care (\$15.25 to \$21.32 per day) plus a personal needs allowance of \$66 per month minus the Federal SSI payment. Payment is State-administered.⁵ Payment based on both members of a couple needing in-home health-related care. When only one member needs care, payment is reduced by \$409.89. Supplement is State-administered.⁶ Payment based on actual cost of in-home health-related care up to a maximum of \$409.89 plus basic Federal benefit. Payment is State-administered.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory supplementation, compliance is by method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Budget approval by State legislature.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Cabinet for Human Resources, Department of Social Insurance (State-administered through local offices in communities).
PASSALONG	In compliance by the method maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every aged, blind, and disabled person who has a need for care in a personal-care facility (not title XIX) or in a family care home licensed under the health licensure act or for the services of a caretaker in the home and who has insufficient income to obtain this care. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	For earned income, the first \$65 plus one-half of remainder; for unearned income, no disregards.
RESOURCE LIMITATIONS	The maximum total countable resources are \$2,000 for one person and \$3,000 for a couple. Burial reserves (prepaid trust funds or life insurance) of up to \$1,500 per individual are excluded from consideration. Equity of \$4,500 in an automobile is excluded from consideration (the total value is excluded in certain instances). Also excluded from consideration are a homestead (occupied or abandoned), household equipment, and farm equipment. The first \$6,000 of the equity value of income producing nonhome property is excluded as an available resource and the remaining equity value is considered as an available resource.

¹ State no longer has any recipients receiving mandatory minimum supplementation.

PLACE OF APPLICATION Local offices of State Cabinet for Human Resources, Department of Social Insurance.

FUNDING Assistance: State funds.
Administration: State funds.

INTERIM ASSISTANCE State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Personal-care facility ³	\$804.00	N/A	\$334.00	N/A
	Family care home	609.00	N/A	139.00	N/A
	Caretaker in home	503.00	\$777.00	33.00	\$72.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration obtains this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Represents the maximum paid. Lesser amounts may be paid depending on need.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Senate Concurrent Resolution #133, 1980.
EFFECTIVE DATE¹	March 1, 1982.
ADMINISTRATION²	Department of Health and Hospitals, Bureau of Health Services Financing
PASSALONG	In compliance by the method maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every aged, blind, and disabled person residing in a nonpsychiatric Medicaid facility. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local parish offices of Office of Family Support, Bureau of Health Services Financing and/or certified enrollment centers.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ Program has been suspended and reinstated at various times.

² Mandatory minimum supplementation is administered by the Social Security Administration.

PAYMENT LEVELS³

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Medicaid facility ⁴	\$38.00	\$76.00	\$8.00	\$16.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

MEDICALLY NEEDY PROGRAM

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES

The Social Security Administration obtains this information.

³ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

⁴ Up to \$38 may be retained monthly as a personal needs allowance.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Part 1-A, Chapter 855A. Title 22, revised Statutes, State of Maine.
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION¹	Social Security Administration; State will administer payments through local offices effective April 1, 1996.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled SSI recipients. Blind and disabled children are eligible for optional supplementation. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code A payment level) for up to 2 months.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	Federal income disregards apply to all living arrangements. For those living alone, with others, or in the household of another (State codes A and C), the State disregards an additional \$55 for an individual and \$80 for a couple.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone or with others	\$480.00	\$720.00	\$10.00	\$15.00
C	Living in the household of another	321.34	482.00	8.00	12.00
D	Foster home	519.00	978.00	49.00	273.00
E	Flat rate boarding home	687.00	1,295.00	217.00	590.00
G	Cost reimbursement boarding home	689.00	1,326.00	219.00	621.00
H	Medicaid facility	40.00	80.00	10.00	20.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Human Services.

**SPECIAL NEED
CIRCUMSTANCES**

Licensed boarding home subsidies--When costs of care exceed total of SSI and State supplementary payments, State will pay the difference up to established maximum rates.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration obtains this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Annotated Code of Maryland, Article 88A, Section 3(a), 5, effective January 1, 1974 and Code Of Maryland Annotated Regulations, .07.03.07.
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION¹	Department of Human Resources, Income Maintenance Administration, and in some instances, Department of Health and Mental Hygiene, Mental Hygiene Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled individuals living in a Care Home or in a DOMCARE facility who are eligible for payments under the SSI program or who would be eligible except for income. Blind and disabled children are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Husband for wife.
INCOME DISREGARDS	Disregards \$20 of any unearned income including SSI.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local county social services agencies.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the Social Security Administration.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple³</u>	<u>Individual</u>	<u>Couple³</u>
	Care Home:				
	I. Minimal supervision	\$536.00	N/A	\$66.00	N/A
	II. Moderate supervision ⁴	645.00	N/A	175.00	N/A
	III. Extensive supervision ⁴	933.00	N/A	463.00	N/A
	IV. Specialized and intensive supervision ⁴	1,136.00	N/A	666.00	N/A
	DOMCARE	654.00	N/A	184.00	N/A

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ The State supplementation rate for individuals applies to each member of a couple.

⁴ Includes an \$82.00 personal needs allowance.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	General Laws, Commonwealth of Massachusetts, Chapter 118A, Section 1.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the total expenditures method.
SCOPE OF COVERAGE	Optional State supplement provided to every aged, blind, and disabled SSI recipient including recipients in private medical facilities where Medicaid program is providing 50 percent or less of the cost of care. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple³</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently:				
	Aged	\$596.32	\$901.72	\$126.32	\$196.72
	Blind	619.74	1,239.48	149.74	534.48
	Disabled	581.89	880.06	111.89	175.06
B	Shared living expenses:				
	Aged	506.76	901.72	36.76	196.72
	Blind	619.74	1,239.48	149.74	534.48
	Disabled	497.90	880.06	27.90	175.06
C	Living in household of another:				
	Aged	415.20	680.80	101.86	210.80
	Blind	621.74	1,239.48	308.40	769.48
	Disabled	398.42	659.18	85.08	189.18
E	Licensed rest home:				
	Aged and disabled	763.00	1,526.00	293.00	821.00
	Blind	619.74	1,239.48	149.74	534.48
F	Medicaid facility	65.00	130.00	35.00	70.00

STATE ASSISTANCE FOR SPECIAL NEEDS⁴**ADMINISTRATION**

Department of Transitional Assistance and Commission for the Blind.

**SPECIAL NEED
CIRCUMSTANCES:****DISASTER
BENEFITS**

Replacement of specific items of furniture, household equipment, supplies, food, and clothing for SSI recipients when these items were lost because of a natural disaster or fire. (Amounts exempted in determining SSI eligibility.)

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Blind individuals age 65 or over are entitled to the highest payment category for which they qualify.

³ The amounts given apply only when both members of a couple belong to the same eligibility category. When members belong to different eligibility categories, determine each person's share of payment in his/her eligibility category and add to obtain the couple's amount.

⁴ Vendor payments.

**SPECIAL NEED
CIRCUMSTANCES (CON.)**
**BURIAL
EXPENSES**

Payment of funeral and burial expenses for SSI recipients shall not exceed \$1,100 and the total expense shall not exceed \$1,500. When a resource exists, it is deductible from the total expense (maximum \$1,500) and the payment by the Department must not exceed \$1,100 of the balance.

**REST HOME
SUBSIDIES**

When cost exceeds the total available income, excluding personal needs allowance, the State will pay difference up to established maximum rates.

**MOVING
EXPENSES**

The cost of moving within the State for SSI recipients may be paid once in a 12-month period if: 1) present living quarters have been certified as substandard; 2) moving to new quarters is necessary due to health problems or lack of safety in old neighborhood; 3) recipient is moving into Federal/State subsidized housing; or 4) recipient is forced to move. Total payment not to exceed \$150.

**HOMEMAKER AND
HOUSEKEEPER
SERVICES**

The Department of Elder Affairs performs homemaker and housekeeping services for recipients age 60 and over. The Department of Public Welfare provides these services for recipients under age 60.

MEDICAID
ELIGIBILITY:
CRITERION

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 400.10, Act 280 as amended.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration and the State Department of Social Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to every SSI recipient except those residing in medical facilities not certified under Medicaid. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates by providing assistance only to individuals who have SSI applications pending.

¹ The State administers mandatory minimum supplementation and optional supplementation for recipients "living independently" and "living in household of another"; all others are administered by the Social Security Administration.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently ³	\$484.00	\$733.00	\$14.00	\$28.00
	Living in household of another ³	322.67	488.66	9.33	18.66
D	Domiciliary-care	545.00	1,084.00	75.00	379.00
E	Personal-care	615.50	1,225.00	145.50	520.00
F	Home for the aged	637.30	1,268.60	167.30	563.60
G	Living independently with essential person ⁴	719.00	961.00	14.00	21.00
H	Living in household of another with essential person ⁴	479.33	640.67	9.33	14.00
I	Medicaid facility	37.00	74.00	7.00	14.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Social Services.

**SPECIAL NEED
CIRCUMSTANCES:****PERSONAL CARE,
HOME HELP**

For recipients living independently, payment for help required with personal care and household activities (maximum of \$333 per month).

**STATE
EMERGENCY
RELIEF**

Services provided for a number of needs arising from specific acceptable causes beyond the recipient's resources to control. Acceptable causes include among others:

- Fires, floods, and other physical disasters;
- Eviction or foreclosure;
- Mechanical failure of essential appliances;
- Home repairs necessary to protect health;
- Utility shutoff.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ State administered payments.

⁴ Payment levels for essential person apply only to converted cases.

**STATE DISABILITY
ASSISTANCE**

SSI recipients are eligible if State disability assistance standards indicate that their needs are greater than their SSI payment plus other income.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Minnesota Statutes Annotated, Sections 256D.33-256D.54 and 256I.01-256I.06.
EFFECTIVE DATE	April 1, 1974.
ADMINISTRATION¹	County Welfare and Human Services Agencies (State-supervised).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients and to persons who, but for excess income, would be receiving SSI and who have maintenance needs based on the December 1973 State standards which exceed their income from the Federal SSI and other sources, and who would otherwise have qualified for benefits under former State assistance programs for the aged, blind, and disabled. Blind children are eligible for supplementation; disabled children under age 18 are not eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse. Parents for blind children under age 18.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	County Welfare and Human Services Boards.
FUNDING	Assistance: State funds. Administration: County funds; except State expenses which are State funded.

¹ Payments are made under the "Minnesota Supplemental Aid Program." Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently				
	Entitlement prior to 1/1/94	\$551.00	\$831.00	\$81.00	\$126.00
	Entitlement 1/1/94 or later	551.00	816.00	81.00	111.00
	Living in household of another				
	Entitlement prior to 1/1/94	423.34	814.00	110.00	344.00
	Entitlement 1/1/94 or later	423.34	551.00	110.00	81.00
	Nonmedical, group residential facility ³	1,153.37	N/A	683.37 ³	N/A
	Medicaid facility	61.00	122.00	31.00	62.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

County Welfare and Human Services Boards (State-supervised).

**SPECIAL NEED
CIRCUMSTANCES:**

Amounts of assistance to be allowed for items not covered by the mandatory State standards shall be determined on the basis of need in each case.

RECURRING

Diets - Specified modified diets when prescribed by a physician shall be allowed at designated rate.

Guardianship fees - Five percent of gross monthly income (including SSI) up to a maximum of \$100 per month.

**REPRESENTATIVE
PAYEE SERVICES**

Ten percent of gross monthly income up to a maximum of \$25 for services provided by an agency that meets the requirements under SSI regulations to charge fee for payee services.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Includes \$61 a month for clothing and personal needs. Indicates the highest amount which may be paid.

NONRECURRING

Housing, major repairs - Payment for catastrophic situations only for homeowners who live in their homes.
Furniture and appliances - Payment for necessary repairs and replacements.

MEDICAID

ELIGIBILITY:

CRITERION

State guidelines.

DETERMINED BY

County Welfare and Human Services Agencies (State supervised).

MEDICALLY NEEDY PROGRAM

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory minimum supplementation, compliance is by the method of maintaining all payment levels. State does not participate in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Supplemental aid to the blind: Revised Missouri Statutes, Section 209. All other supplementation: Revised Missouri Statutes, Section 208.030, Subchapter 5.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Social Services; Division of Family Service (DFS).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to any person who: 1) is aged or is blind or disabled and over age 18; 2) does not reside in a Medicaid facility; 3) does reside in a licensed residential-care facility or a licensed intermediate care/skilled nursing home and 4) has insufficient cash income to cover costs of care in the facility. Blind persons over age 18 living on their own are also supplemented.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse.
INCOME DISREGARDS	Aged and disabled: No income disregarded. Blind: First \$65 plus one-half remainder of earned income.
RESOURCE LIMITATIONS	Aged/disabled - \$999.99 individual, \$2,000 couple. Blind - \$2,000 individual, \$4,000 couple.
PLACE OF APPLICATION	County Welfare Offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Licensed residential-care facility I	\$618.00	\$1,001.00	\$148.00	\$296.00
	Licensed residential-care facility II	746.00	1,257.00	276.00	552.00
	Licensed intermediate care or skilled nursing home ³	838.00	1,441.00	368.00	736.00
	Aid to the blind	<u>4/</u>	<u>4/</u>	373.00	746.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State has elected not to provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Recipients in licensed nursing homes are entitled to an additional \$23 per month to meet their personal needs. If the recipient is already receiving a personal needs allowance from another State or Federal agency, this payment will not be made by DFS.

⁴ Only those recipients who receive less than \$470 monthly in SSI payments and less than \$508 monthly from other sources qualify for this supplement. The State supplement is reduced dollar-for-dollar by the SSI payment.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Montana codes annotated 52-1-104.
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to persons residing in State certified care facilities listed under "Payment Levels." All disabled children, including the blind, who are eligible for SSI and reside in a certified foster home are eligible to receive the State supplement.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
G	Personal-care facilities	\$564.00	\$898.00	\$94.00	\$193.00
H	Group home for mentally disabled (ill)	564.00	898.00	94.00	193.00
I	Community home for physically or developmentally disabled	564.00	898.00	94.00	193.00
J	Child and adult foster care	522.75	815.50	52.75	110.50
K	Transitional living services for developmentally disabled	496.00	762.00	26.00	57.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind and disabled. All care facilities must be State certified. Developmentally disabled persons in transitional living facilities are allowed to retain at least \$40 as a personal needs allowance. All other persons eligible for a State supplement in State certified facilities are allowed to retain up to \$40 as a personal needs allowance.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 68-1005, Code of Nebraska, Legislative Bill 311.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Social Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled recipient who meet State guidelines; except those in public institutions where Medicaid is not paying for the cost of care. Persons living in the household of another receive the same State supplement as those living independently. Blind and disabled children are eligible for optional supplementation payments.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Spouse for spouse; parent for child under age 18 who is part of household.
INCOME DISREGARDS	Aged and disabled: No disregards in addition to Federal income disregards. Blind: First \$20.00 per month of unearned income not including SSI. First \$85 plus one-half of the remainder of earned income. For a period not to exceed 12-months, additional amounts may be disregarded for those with a self-support plan; State approval is required.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of the Department of Social Services.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently	\$482.00	\$719.00	\$12.00	\$14.00
	Living with an essential person	719.00	N/A	14.00	N/A
	Room and board facility ³	413.00	826.00	99.66	356.00
	Licensed domiciliary facility ⁴	640.00	1,280.00	170.00	575.00
	Certified adult family home ⁴	600.00	1,200.00	130.00	495.00
	Licensed residential-care facility	710.00	1,420.00	240.00	715.00
	Licensed group home for children or child caring agency:				
	Disabled	560.00	N/A	90.00	N/A
	Medicaid facility	40.00	80.00	10.00	20.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Social Services.

**SPECIAL NEED
CIRCUMSTANCES:****TRANSPORTATION
COSTS**

Twenty-one cents per mile for: 1) school attendance outside of school district; and 2) obtaining medical services if recipient used own car.

**REPAIR OR
PURCHASE OF
FURNITURE/
APPLIANCES**

Repair or purchase of furniture or appliances over \$75 total cost may be included (with State office approval) if the unit lacks essential items.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Applies only to persons living in the household of another.⁴ Includes a minimum of \$40 for personal needs allowance.

**SPECIAL NEED
CIRCUMSTANCES (CON.)**
**MOVING
EXPENSES**

Costs of moving may be included if the recipient is forced to move for reasons beyond his/her control or if the recipient can obtain lower cost shelter.

TAXES

Back taxes may be included if the individual would soon lose the home, and the plan to remain in the home is preferred by the individual and recommended by the worker.

HOME REPAIRS

Payment for home repairs (to \$500) made if necessary for the recipient's health or safety or if condemnation of the property is imminent.

**MEALS AND
LODGING**

The cost of meals (to \$12 per day) and lodging if verified as related to obtaining approved health services may be granted if the individual is away from home for more than 12 hours.

**MAINTENANCE
FOR GUIDE DOG**

The medical and maintenance costs of a seeing eye dog may be allowed.

**GUARDIAN/
CONSERVATOR**

An allowance not to exceed \$10 a month may be allowed if client has a court appointed guardian or conservator.

MEDICAID
ELIGIBILITY:
CRITERION

SSI program guidelines (title XVI).

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Nevada Revised Statutes, Title 38, Public Welfare.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for every aged or blind recipient except those in medical institutions not licensed by Medicaid and those in medical institutions for whom Medicaid pays over 50 percent of the cost of their care. State does not have an assistance program for disabled persons. Blind children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ State no longer has any recipients receiving mandatory supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently:				
	Aged	\$506.40	\$779.46	\$36.40	\$74.46
	Blind	579.30	1,079.60 ³	109.30	374.60 ³
B	Living in household of another:				
	Aged	337.61	519.64	24.27	49.64
	Blind	527.30	1,001.94 ⁴	213.96	531.94 ⁴
C	Domiciliary care:				
	Aged and blind	781.00	1,488.00	311.00	783.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI)
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

² Blind individuals aged 65 and over are entitled to the highest payment category for which they qualify. A supplement is not paid to an SSI recipient whose eligibility is based on disability.

³ Payment level when both members are blind; when one member aged, payment level is reduced by \$150.07.

⁴ Payment level when both members are blind; when one member aged, payment level is reduced by \$241.15.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Regulations and Statutes Amended, 167:7, I, II, III, IV.		
EFFECTIVE DATE	January 1, 1974.		
ADMINISTRATION¹	Department of Health and Human Services, Division of Human Services (State-administered in local offices in communities).		
PASSALONG	In compliance by the method of maintaining all payment levels.		
SCOPE OF COVERAGE	Optional State supplement provided SSI recipients living in the arrangements listed under "Payment Levels." Persons living in the household of another receive the same State supplement as those living independently. Blind children are eligible for optional supplementation. Disabled children are eligible for optional supplementation only if they are 18 years old or over.		
RECOVERIES, LIENS, AND ASSIGNMENTS	Aged and disabled: All aid paid is by law a lien on the estate of the recipient (and spouse if living together). No recovery from real estate occupied by surviving spouse or blind or disabled child or from personal property of less than \$100. State may waive recovery. Blind: No lien provisions applicable.		
RELATIVE RESPONSIBILITY INCOME DISREGARDS	Spouse for spouse; parents for child under age 18, children for parents. Standard disregards for any income including SSI:		
		<u>Individual</u>	<u>Couple</u>
	Living independently	\$13.00	\$20.00
	Living with essential person	N/A	25.00
	Residential care facility for adults	13.00	N/A
	Community residences	13.00	N/A
	Enhanced family care facilities	13.00	N/A
	Earned income disregards:		
	Aged: \$18 or actual mandatory employment expenses if greater; \$20 of gross income plus one-half of the next \$60.		
	Disabled: No disregards in addition to the Federal earned income disregards.		

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INCOME
DISREGARDS (CON.)**

Blind: \$18 or actual employment expenses if greater; \$85 of gross earnings plus one-half amount over \$85. Additional amounts may be disregarded if an approved plan exists for achieving self-support within a 12-month period.

Other disregards:

If recipient receives income from other persons in exchange for providing room only for such person(s), the following amounts are deducted from such income:

From one person..... \$50

From two persons..... 100

From three persons..... 150

From four or more persons, deduct an additional \$50 from such income for each additional person. Actual expenses if greater may be allowed, subject to verification.

If income is received in exchange for room and board, the food stamp coupon allotment for each boarder is deducted in addition to the amounts given above.

For adults being considered for nursing home care, SSI payments are disregarded in the determination of financial eligibility.

**RESOURCE
LIMITATIONS**

No monetary or acreage limitation on property occupied as a home. Personal property limited to \$1,500 net cash value for an individual or a couple excluding clothing, household furnishings, tools, car, life insurance, and farm equipment/livestock used for food needs. Cash value of life insurance not counted unless face value exceeds \$1,500 per person; when it exceeds this, equity value counts toward the \$1,500 resource limits.

**PLACE OF
APPLICATION**

Local offices of State Division of Human Services.

FUNDING

Assistance: 50 percent State funds, 50 percent County funds.
Administration: State funds.

**INTERIM
ASSISTANCE**

State participates by providing assistance only to individuals who have SSI applications pending.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently ³	\$499.00	\$727.00	\$27.00	\$22.00
	Living with an essential person ⁴	N/A	953.00	N/A	13.00
	Residential care facility for adults	688.00	<u>5/</u>	218.00	<u>5/</u>
	Enhanced family care facilities	688.00	<u>5/</u>	218.00	<u>5/</u>
	Community residences				
	Nonsubsidized	628.00	<u>5/</u>	158.00	<u>5/</u>
	Subsidized	564.00	<u>5/</u>	94.00	<u>5/</u>
	Medicaid facility	40.00	<u>5/</u>	10.00	<u>5/</u>

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION State guidelines.

DETERMINED BY State.

MEDICALLY NEEDY PROGRAM Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Persons living in the household of another receive the same State supplement as those living independently.

⁴ Applies only to SSI recipients converted from former State assistance programs.

⁵ The State supplementation rate for individuals applies to each member of a couple.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	New Jersey Statutes Annotated, 44:7-86.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided for every aged, blind, and disabled recipient except those in publicly operated community residences or facilities where Medicaid pays less than 50 percent of the cost of care. Supplementation provided to recipients in approved residential facilities. Blind and disabled children are eligible for optional supplementation. Recipients in medical facilities who are eligible for Federal payments under section 1611(e)(1)(E) receive State optional supplementation (code B payment level) for up to 2 months.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Licensed residential facility ³	\$620.05	\$1,221.36	\$150.05	\$516.36
B	Living alone or with others	501.25	730.36	31.25	25.36
C	Living alone with an ineligible spouse ⁴	730.36	N/A	260.36	N/A
C	Living with essential person ⁵	730.36	N/A	25.36	N/A
D	Living in household of another	357.65	563.09	44.31	93.09
G	Medicaid facility	40.00	80.00	10.00	20.00

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	Department of Human Services, Division of Family Development.
SPECIAL NEED	Emergency assistance for catastrophic events and burial and funeral payments. Eligibility for payments based on meeting requirements for mandatory minimum or optional State supplementary payments.
CIRCUMSTANCES	

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program standards (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ State supplement includes a \$67.50 personal needs allowance per person per month.

⁴ Federal criteria is used in determining an ineligible spouse. Applies to recipients who live either with only their ineligible spouse or with only their ineligible spouse and foster child(ren).

⁵ Payment levels for essential person apply only to cases converted from former State assistance programs.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Chapter 51, Laws of 1976.
EFFECTIVE DATE	July 1, 1976.
ADMINISTRATION¹	County offices of the Human Services Department (State-administered).
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients who reside in a licensed adult residential-care home. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	County offices of the Human Services Department.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State provides assistance only to individuals who have SSI applications pending.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Licensed adult residential care home ³	\$570.00	\$905.00	\$100.00	\$200.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

County offices of Human Services Department (State-administered).

SPECIAL NEED CIRCUMSTANCES

Burial expenses provided for deceased SSI recipients including disabled recipients who received special monthly benefits under Section 1619(a) of the Social Security Act. Payment of up to \$200 toward funeral expenses if available resources of the deceased are insufficient to cover costs and no other person will assume expenses. No payment is made when resources available from all sources total \$600 or more.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

MEDICALLY NEEDY PROGRAM

No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES

The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in medicaid facilities who have other sources of income are allowed to keep \$30 a month as a personal needs allowance. Also persons in intermediate care facilities for mental retardation (ICFMR) working in sheltered workshops can keep up to \$100 a month of their earnings in addition to the \$30 per month.

³ Children may reside in such facilities.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Section 209, New York State Social Services Law.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration and Department of Social Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for every recipient except those in community operated residences having 16 or fewer residents, in publicly operated emergency shelters, or in Medicaid facilities where Medicaid pay less than 50 percent of the cost of care. Blind and disabled children are eligible for optional State supplementation at the Congregate Care Level I ² and Level II rates, and the "living with others" rate. Congregate care is provided in a nonmedical setting. Supplementation for congregate care varies according to geographical area.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.

¹ Both mandatory minimum and optional supplementation are administered by the Social Security Administration. The State administers an additional \$20 payment to some SSI recipients in Medicaid facilities.

² Children must be placed by Department of Mental Hygiene (DMH).

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS³

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$556.00	\$807.50	\$86.00	\$102.50
B	Living with others	493.00	750.00	23.00	45.00
C	Congregate care I: ^{4 5}				
	Areas A and B	736.48	1,472.96	266.48	767.96
	Area C	698.48	1,396.96	228.48	691.96
D	Congregate care II: ^{5 6}				
	Areas A and B	905.00	1,810.00	435.00	1,105.00
	Area C	875.00	1,750.00	405.00	1,045.00
E	Congregate care III: ^{5 7}				
	Area A	952.96	1,905.92	482.96	1,200.92
	Areas B and C	928.96	1,857.92	458.96	1,152.92
F	Living in household of another	336.34	515.00	23.00	45.00
G	Medicaid facility ⁸	35.00	70.00	5.00	10.00

³ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.⁴ The minimum personal needs allowance is \$91.⁵ Payment levels differ by geographic area. Area A is New York City; Area B is Nassau, Suffolk, and Westchester counties; and Area C is all other counties.⁶ The minimum personal needs allowance is \$106.⁷ The minimum personal needs allowance is \$72.⁸ State administers an additional payment (\$20 per individual, \$40 per couple) to SSI recipients who are New York State residents and reside in health care facilities defined in Section 2801 of the New York State Public Health Law (i.e., hospitals, nursing homes).

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Social Services.

**SPECIAL NEED
CIRCUMSTANCES:****EMERGENCY
ASSISTANCE**

An emergency assistance grant can be provided to an SSI recipient to safeguard health, safety, and welfare.

**SHELTER-
RELATED
EXPENSES**

Moving expenses, brokers' fees, security deposits, storage fees, maintenance of home during hospitalization, establishment of a home when deinstitutionalized.

**REPLACEMENT
OF BASIC
NEEDS ITEMS**

Replacement of furniture, clothing, food, fuel, etc., lost as a result of fire, flood, or other catastrophe.

**REPAIR OR
REPLACEMENT
OF MAJOR
APPLIANCES**

Repair or replacement of essential household equipment, including heating and plumbing equipment, and major appliances.

**FOOD FOR GUIDE
DOG**

A recurring assistance grant is provided for the purchase of food for a guide dog to unemployed blind or deaf persons.

**OTHER
CIRCUMSTANCES**

Payments for goods and services already received; chattel mortgages and conditional sales contracts; replacement of lost, stolen, or mismanaged cash; replacement of lost, stolen, or unreceived SSI checks (subject to recoupment).

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	General 108A.40 through 108A.47 and Chapter 111.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Human Resources, Division of Social Services ² and Division of Blind Services (State-supervised and county-administered).
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplementation provided to aged, blind, and disabled persons in mental and nonmental health adult care homes ³ Blind persons ineligible for SSI are also supplemented in other living arrangements. Blind children are eligible for optional supplementation. Disabled children and patients in institutions for tuberculosis or mental disease are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	No income is deemed to the spouse at home.
INCOME DISREGARDS	<p>All categories: A \$20 exemption applies to any income including SSI, with the exception of those persons whose income is a VA pension payment or a VA compensation payment to the surviving parent of a veteran.</p> <p><u>Aged and disabled</u>: For earned income, disregard the first \$65, subtract impairment related work expenses (e.g., equipment) and other work related expenses (e.g., uniforms), and disregard one-half of the remainder.</p> <p><u>Blind</u>: For earned income, disregard the first \$85 plus one-half of the remainder.</p>
RESOURCE LIMITATIONS	Real property used as a home is excluded. Real property not used as a home and all personal property (savings, cash value of

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

² Program providing assistance to aged and disabled persons known as "State/County Special Assistance for Adults."

³ Effective August 1, 1995, domiciliary care homes changed to adult care homes (Senate bill 502) and a basic rate was established for adult care homes.

**RESOURCE
LIMITATIONS (CON.)**

insurance, bonds, and any other cash reserves) are limited to \$2,000 for aged and disabled individuals; \$3,000 for aged and disabled couples; and \$2,000 for blind individuals. The equity in an essential motor vehicle is exempted. Excluded from consideration are irrevocable burial contracts and household and personal effects (tools, equipment, and livestock).

**PLACE OF
APPLICATION**

County departments of social services.

FUNDING

Assistance: 50 percent State funds; 50 percent county funds.
Administration: County funds.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS⁴

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Adult Care Home ^{3 5}				
	Basic	\$875.00	\$1,314.00 ⁶	\$405.00	\$609.00 ⁶
	Disenfranchised-ambulatory ⁷	1,006.00	1,476.00	536.00	771.00
	Disenfranchised-semi-ambulatory ⁷	1,017.00	1,487.00	547.00	782.00
	Blind ineligible for SSI:				
	Not paying shelter and utilities	N/A	N/A	97.00	194.00 ⁸
	Paying shelter and utilities	N/A	N/A	146.00	243.00 ⁹

⁴ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

⁵ A \$20 income exemption is allowed. In addition, a \$31 personal needs allowance is included in the optional supplementation.

⁶ Effective January 1, 1995, due to 1634, spousal income is not counted.

⁷ Disenfranchised recipients are those whose continuing care would be adversely affected by a change to the basic rate. However, if their eligibility for care in an adult care home terminates for any reason, later care would be provided at the basic rate.

⁸ If only one member of the couple is blind, payment level is \$146.

⁹ If only one member of the couple is blind, payment level is \$219.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION¹

STATUTORY BASIS FOR PAYMENT	County laws.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION²	County social service boards.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Most counties provide optional supplementation to aged, blind, and disabled SSI recipients, but limit it to persons in licensed rest homes and licensed foster homes. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	State law provides for recovery of supplementation from the estates of former recipients.
RELATIVE RESPONSIBILITY	At option of individual counties.
INCOME DISREGARDS	At discretion of individual counties.
RESOURCE LIMITATIONS	At discretion of individual counties.
PLACE OF APPLICATION	County social service boards.
FUNDING	Assistance: 50 percent county funds 50 percent State funds. Administration: County funds.
INTERIM ASSISTANCE	State does not participate.
PAYMENT LEVELS	Payment levels are established by the individual counties.

¹ Provided at the option of the counties.

² Mandatory minimum supplementation is administered by the same agency as optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	County social service boards.
SPECIAL NEED CIRCUMSTANCES	At option of individual counties.

MEDICAID**ELIGIBILITY:**

CRITERION	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	House Bill 694.
EFFECTIVE DATE	July 15, 1982.
ADMINISTRATION¹	The Department of Aging and the Department of Human Services (State-administered through local area agencies on Aging).
PASSALONG	In compliance by the method maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled recipients living in the arrangements listed under "Payment Levels". Eligibility is also extended to persons who are not SSI recipients. Blind and disabled children under age 18 are not eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	Non-SSI recipients: Federal SSI disregards apply. SSI recipients: SSI cost-of-living increases after July 15, 1982 are disregarded. Earned income disregards apply. Effective January 1, 1996, the disregard is \$176.00 for an individual; \$264.00 for a couple.
RESOURCE LIMITATIONS	Countable resources may not exceed \$1,500 for an individual and \$2,250 for a couple. The following resources are excluded: household goods; personal effects; one automobile may also be excluded if it meets the following conditions: 1) specially equipped for a disabled person, 2) used for employment, 3) used for medical transportation, or 4) has an equity value not exceeding \$4,500 (excess above \$4,500 is a countable resource); one burial plot; irrevocable burial contracts (revocable burial contracts are not excluded); life insurance policies with a total face value of \$1,500 or less (if more, the cash surrender value is a countable resource).
PLACE OF APPLICATION	Passport Agencies.

¹ Mandatory minimum supplementation is administered by the Social Security Administration.

FUNDING

Assistance: State funds.

**INTERIM
ASSISTANCE**

Administration: State funds.

State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Adult foster home ³	\$876.00	\$1,664.00	\$406.00	\$959.00
	Adult family home ³	876.00	1,664.00	406.00	959.00
	Apartment or room	676.00	1,264.00	206.00	559.00
	Community alternative home	876.00	1,664.00	406.00	959.00
	Group home ³	976.00	1,864.00	506.00	1,159.00
	Residential Care Facility ³	976.00	1,864.00	506.00	1,159.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:****CRITERION**

State guidelines.

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Includes a personal needs allowance of \$50 per individual, \$100 per couple.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Article XXV of the Constitution of the State of Oklahoma.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Human Services (administered through county offices of State agency).
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional supplement provided to needy aged, blind, and disabled persons living independently or in the household of another. Persons in both these living arrangements receive the same State supplement. Blind and disabled children are eligible for supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	For earned income, no disregards in addition to the Federal income disregards; for unearned income, no income disregarded.
RESOURCE LIMITATIONS	Excluded are: 1) a home which is not producing income; 2) the value of essential household equipment; 3) the value of original Indian allotments, land purchased from allotment proceeds, and land purchased from funds granted the Indian in lieu of original allotment, provided the land is held in trust for the Indian and is held by the original allottee; 4) the face value of life insurance policies up to \$1,500 per person, or prepaid funeral contracts when recipient has signed an irrevocable contract up to \$6,000. A maximum reserve is established which indicates the largest equity a recipient can hold in one or more nonexcluded resources, in addition to his home, and still be considered in need: - Eligible individual - \$2,000 - Man and wife - \$3,000

¹ State supplementation program known as aid to the aged, blind, and totally and permanently disabled (State AABD). Mandatory minimum supplementation is administered by the same agency as optional supplementation.

RESOURCE LIMITATIONS (CON.)	When a client holds total resources which exceed the allowance reserve, the client is not considered to be in need.				
PLACE OF APPLICATION	County offices of the Department of Human Services or physician's offices.				
FUNDING	Assistance: State funds. Administration: State funds.				
INTERIM ASSISTANCE	State does not participate.				
PAYMENT LEVELS²					
<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u> <u>Individual</u> <u>Couple</u>		<u>State supplementation</u> <u>Individual</u> <u>Couple</u>	
	Living independently	\$524.00	\$813.00	\$54.00	\$108.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID

ELIGIBILITY:

CRITERION	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Oregon Revised Statutes 411.120.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Department of Human Resources, Adult and Family Services Division (State-administered in local offices).
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to every SSI recipient living in the arrangements listed under "Payment Levels." Blind children are eligible and disabled children are ineligible for State supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	Assistance paid constitutes an unsecured prior claim against property or any interest therein belonging to the estate of a recipient except such portion as is being occupied as a home by the spouse, minor dependent child, or parent of deceased recipient. Senior and Disabled Services Division may compromise claim by accepting other security or may waive payment when enforcement would be inequitable and would tend to defeat purpose of public assistance law.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	For earned income, no disregards in addition to the Federal income disregards; for unearned income, no income disregards.
RESOURCE LIMITATIONS	Federal SSI limitations apply except that the transfer of a home may render a person ineligible for a State supplement for up to 30 months, based on the amount of uncompensated value.
PLACE OF APPLICATION	Local offices of Adult and Family Services Division or Senior and Disabled Services Division.
FUNDING	Assistance: State funds. Administration: State funds.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently:				
	Aged and disabled	\$471.70	\$705.00	\$1.70	--
	Blind	496.70	730.60	26.70	\$25.60
	Living with an ineligible spouse:				
	Aged and disabled	471.70	N/A	1.70	N/A
	Blind	496.70	N/A	26.70	N/A
	Living with essential person:				
	Blind	730.60	N/A	25.60	N/A
	Living in household of another:				
	Aged and disabled	315.04	470.00	1.70	--
	Blind	340.04	495.60	26.70	25.60
	Adult foster/residential care: ^{2 3}				
	Aged and disabled	471.70	901.40	1.70	196.40
	Blind	496.70	951.40	26.70	246.40
	Room and board: ²				
	Aged and disabled	471.70	901.40	1.70	196.40
	Blind	496.70	951.40	26.70	246.40

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**Department of Human Resources, Adult and Family Services
Division or Senior and Disabled Services Division.**SPECIAL NEED
CIRCUMSTANCES:****CLOTHING FOR
EMPLOYMENT**Essential clothing may be provided for a recipient to begin
employment--the recipient must have been accepted for a job.² Additional costs covered by special service funds.³ Persons with other sources of income are allowed to keep \$70 as a personal needs allowance.

**SPECIAL NEED
CIRCUMSTANCES (CON.)****CORRECTIVE
SHOES**

Necessary corrective, orthopedic, or extra-sturdy shoes recommended by the recipient's physician.

SPECIAL DIET

Payment for a special diet will be allowed if need has been established by a physician and the recipient maintains housekeeping quarters and is receiving a standard food allowance.

**RESTAURANT
MEALS**

Restaurant meals are allowed in addition to the standard supplemental payments when recipient is unable to prepare meals because of physical or mental disability.

**LAUNDRY
ALLOWANCES**

Laundry allowances are provided when the recipient has no available laundry facilities of any kind or when the recipient is so disabled that he or she cannot do his or her own laundry and there is no other person living in the home who can do it.

**TELEPHONE
ALLOWANCES**

Telephone allowances may be provided when the recipient either: 1) lives alone and is housebound; 2) lives in a situation so remote that a telephone is essential; or 3) needs a telephone to maintain a job.

**MAINTENANCE
FOR GUIDE DOGS**

Payment for food will be made for guide dogs provided to the recipient by the Oregon Commission for the Blind.

MOVING COSTS

Moving costs will be provided if it is essential to provide nonhazardous housing for the recipient or if the recipient has been evicted for reasons not attributable to his or her neglect or his or her failure to pay rent or house payments.

**HOUSEHOLD
EQUIPMENT
COSTS**

Certain items of household equipment may be purchased or repaired if the recipient is unable to obtain them without cost; a one-time payment of chattel mortgages or sales contracts may be made to prevent repossession if the cost of replacing an essential item exceeds the balance due on the contract.

**SPECIAL NEED
CIRCUMSTANCES (CON.)****SHELTER
EXCEPTIONS**

Additional payment for shelter expenses may be made in situations where the recipient has special needs which make it impractical or impossible to rent or continue to purchase adequate housing with current benefit payment.

**TRANSPORTATION
EXPENSES**

Certain transportation expenses may be provided to meet specific needs of recipients.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Article IV, Section 432(2), Pennsylvania Public Welfare Code.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration and State Department of Public Welfare.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional supplement provided to aged, blind, and disabled persons who receive SSI payments or would receive them but for excess income. Persons residing in public institutions or in certified medical facilities where Medicaid is paying more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation, except for domiciliary care and personal-care boarding homes where they must be age 18 or over. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code A payment level) for up to 3 months.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration.
FUNDING	Assistance: State funds. Administration: State funds.

¹ State determines eligibility for domiciliary-care and personal-care boarding home supplement; Social Security Administration administers all State supplementary payments including mandatory minimum supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$497.40	\$748.70	\$27.40	\$43.70
B	Living in household of another	340.74	513.70	27.40	43.70
C	Living with an essential person ³	748.70	1,008.05	43.70	68.05
D	Living with an essential person in household of another ³	513.70	694.72	43.70	68.05
G	Domiciliary-care facility for adults	799.30	1,442.40	329.30	737.40
H	Personal-care boarding home	804.30	1,452.40	334.30	747.40

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

State Department of Public Welfare.

**SPECIAL NEED
CIRCUMSTANCES:****BURIAL
EXPENSES**

Up to \$350 in absence of other resources to meet cost.

**MOVING
EXPENSES**

If moving required because of eviction or for health and welfare reasons, up to \$200 may be paid (once in a 12 month period).

**MEDICAL
TRANSPORTATION
EXPENSES**

Provides transportation to and from medical appointments for those who need assistance.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Applies only to cases converted from former State assistance programs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Title 40, Chapter 6, Section 27, General Laws of Rhode Island, 1956, as amended.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients living in arrangements listed under "Payment Levels." Blind and disabled children are eligible for State supplementation. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code A payment level) for up to 2 months.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates by providing assistance only to individuals who have SSI applications pending.

¹ State no longer has any recipients receiving mandatory minimum supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone	\$534.35	\$825.50	\$64.35	\$120.50
B	Living in household of another	387.94	606.50	74.60	136.50
D	Shelter care facility	802.00	N/A	332.00	N/A
E	Medicaid facility	40.00	80.00	10.00	20.00

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Human Services.

**SPECIAL NEED
CIRCUMSTANCES:****MOVING**

Within cost guidelines, moving costs are covered for SSI recipients when the move is determined to be socially desirable and moving services cannot be provided by city, town, or other community resources.

**CATASTROPHIC
CONDITIONS**

In the event of a catastrophe by fire, flood, lightning, or severe wind, the State will provide shelter, clothing, food, and essential household equipment and furnishings.

BURIAL

The cost of burial expenses can be provided for any person who dies leaving insufficient resources to meet this expense.

**HOMEMAKER
SERVICES**

Services provided under specified criteria to prevent institutionalization of a recipient who is unable to perform homemaker duties due to an acute or chronic illness.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program standards (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	1952 Code 71-130, 1947(45) 489; State Appropriation Act.
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION¹	Department of Social Services.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients and other low income individuals who meet the State's net income limitation and live in residential-care facilities. Blind and disabled children are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	County offices of Department of Social Services.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ State no longer has any recipients receiving mandatory minimum supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Licensed residential-care facility ^{3 4}	\$741.00	N/A	\$271.00	N/A

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Represents maximum amount paid; lesser amounts may be paid based on need. Includes a \$33 personal needs allowance.

⁴ Couples, if any, residing in these facilities are considered 2 individuals.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	South Dakota Common Law 28-5A-1.
EFFECTIVE DATE	February 1, 1975.
ADMINISTRATION¹	Department of Social Services. State-administered in local offices for assisted living and foster-care home arrangements; State-administered in State office for independent arrangements.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients who: 1) live independently and have no other source of income; or 2) have net incomes less than the supplementation levels and live in assisted living facilities or in adult foster-care homes. Blind and disabled children who meet the income and resource limitations and live in assisted living facilities or adult foster-care homes are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	State disregards \$30 of the Federal SSI payment to recipients in assisted living facilities or foster-care homes.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of State Department of Social Services for individuals in assisted living facilities or in adult foster-care homes. State uses information from the Social Security Administration to identify recipients who are living independently with no other income.
FUNDING	Assistance: State funds. Administration: State funds.

¹ Mandatory minimum supplementation is administered by the Social Security Administration.

**INTERIM
ASSISTANCE**

State does not participate.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently	\$485.00	\$720.00	\$15.00 ³	\$15.00 ³
	Assisted living facility ⁴	720.00	N/A	250.00	N/A
	Adult foster-care ⁴	622.00	N/A	152.00	N/A

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:****CRITERION** SSI program guidelines (title XVI).**DETERMINED BY** Social Security Administration.**MEDICALLY NEEDY
PROGRAM** No program for the aged, blind, or disabled medically needy.**UNPAID MEDICAL
EXPENSES** The Social Security Administration obtains this information.² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.³ Limited to SSI recipients with no other source of income.⁴ Lesser amounts may be paid depending on cost of care in the facility. State provides an income disregard of \$30 per month of the Federal SSI payment.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

¹ Mandatory minimum supplementation is administered by the Social Security Administration. For mandatory minimum supplementation, compliance is by the method of maintaining all payment levels. State participates in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	No program for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration obtains this information.

¹ State does not have a mandatory minimum supplementation program. State does not participate in the Interim Assistance Reimbursement program.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Appropriation Act for the Department of Social Services, 1978/79.
EFFECTIVE DATE	July 1, 1978.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to SSI recipients who are living alone or with others. Persons living in the household of another receive the same State optional supplement as those living alone. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ State no longer has any recipients receiving mandatory minimum supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living alone or with others	\$470.00	\$709.60	--	\$4.60
B	Living in the household of another	316.47	479.73	\$3.13	9.73

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION SSI program guidelines (title XVI).

DETERMINED BY State.

MEDICALLY NEEDY PROGRAM Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration does not obtain this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	V S. A. Title 33, chapter 13, "Aid to Aged, Blind, and Disabled."
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration and Agency of Human Services, Department of Social Welfare.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to every SSI eligible aged, blind, and disabled individual. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ State Department of Social Welfare administers the State funded program for essential persons. All other optional State supplements are administered by the Social Security Administration. State no longer has any recipients receiving mandatory minimum supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A/B	Living independently	\$517.41	\$796.87	\$47.41	\$ 91.87
E	Living in the household of another	346.04	511.50	32.70	41.50
F	Level III-residential care home	710.95	1,255.22	240.95	550.22
G	Level IV-residential care home	670.78	1,216.50	200.78	511.50
H	Custodial-care, family home	554.29	1,003.29	84.29	298.29
I	Medicaid facility	45.00	90.00	15.00	30.00
	Living independently with an EP ³	808.87	995.36	338.87	290.36
	In the household of another with ineligible spouse who is an EP ³	525.41	N/A	212.07	N/A

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Agency of Human Services, Department of Social Welfare.

**SPECIAL NEED
CIRCUMSTANCES**

Emergency assistance is provided under certain conditions for the following: court-ordered eviction or natural disaster, e.g., fire, flood, or hurricane; emergency medical care; funeral costs; and emergency fuel needs.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ State-administered payments, EP = essential person.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Code of Virginia 63.1-78.1, 63.1-25.1 ¹
EFFECTIVE DATE	July 1, 1974.
ADMINISTRATION²	Department of Social Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to needy aged, blind, and disabled persons who live in Adult Care Residence (domiciliary institutions) or in approved adult family care homes and who are eligible for SSI benefits or who would be eligible except for excess income. Blind and disabled children are ineligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	When applicable, a disregard for income allotted to the support of children and/or spouse at home is allowed in addition to Federal SSI income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local departments of social services.
FUNDING	Assistance: 80 percent State funds; 20 percent local funds. Administration: 80 percent State funds; 20 percent local funds.
INTERIM ASSISTANCE	State participates.

¹ State supplementation program known as Auxiliary Grants Program.

² Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS³

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>

January 1996

Adult Care Residence ⁴					
	Planning district 8 ⁵	\$816.00	\$1,632.00	\$346.00	\$927.00
	All other areas	715.00	1,430.00	245.00	725.00
Adult family care: ⁶					
	Planning district 8 ⁵	592.00	1,184.00	122.00	479.00
	All other areas	520.00	1,040.00	50.00	335.00

February 1996

Adult Care Residence ⁴					
	Planning district 8 ⁵	\$839.00	\$1,678.00	\$369.00	\$973.00
	All other areas	735.00	1,470.00	265.00	765.00
Adult family care: ⁶					
	Planning district 8 ⁵	592.00	1,184.00	122.00	479.00
	All other areas	520.00	1,040.00	50.00	335.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

³ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

⁴ Represents the maximum allowance; lower amounts may be paid depending on the cost of the facility. Includes a personal needs allowance of \$40.

⁵ Planning district 8 includes the counties of Arlington, Loudon, Prince Williams, and Fairfax and the city of Alexandria.

⁶ Administered in certain counties, effective August 1982; includes a personal needs allowance of \$40.

MEDICAID**ELIGIBILITY:**

CRITERION	State guidelines.
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Revised Code of Washington (RCW) 74.04.600 and Washington Administrative Code (WAC) 388-275.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration and the Department of Social and Health Services.
PASSALONG	In compliance by the total expenditures method.
SCOPE OF COVERAGE	State supplement provided to needy aged, blind, and disabled persons except for: 1) individuals converted from former State assistance programs who have more than one essential person; 2) eligible couples with one or more essential persons; and 3) residents of public emergency shelters for the homeless. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ The State administers payments to SSI recipients in Medicaid facilities. All other State supplements, including mandatory minimum supplementation are administered by the Social Security Administration.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently: ^{3 4}				
	Area 1	\$495.42	\$724.98	\$25.42	\$19.98
	Area 2	476.86	705.00	6.86	--
B	Living with ineligible spouse: ⁴				
	Area 1	622.73	N/A	152.73	N/A
	Area 2	595.53	N/A	125.53	N/A
C	Living in household of another	318.62	475.72	5.28	5.72
F	Living in household of another with ineligible spouse	407.55	N/A	94.21	N/A
G	Living with one essential person: ^{4 5}				
	Area 1	724.98	N/A	19.98	N/A
	Area 2	705.00	N/A	--	N/A
H	Living in household of another with one essential person ⁵	475.72	N/A	5.72	N/A
	Medicaid facility ⁶	41.62	83.24	11.62	23.24

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Includes persons in congregate-care group living facilities.

⁴ Area 1 includes King, Kitsap, Pierce, Snohomish, and Thurston counties. Area 2 includes all other counties.

⁵ Applies only to cases transferred from former State assistance programs.

⁶ The State administers payments to SSI recipients in Medicaid facilities.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Social and Health Services, Division of Income Assistance

**SPECIAL NEED
CIRCUMSTANCES:**

SEEING-EYE DOG Food for seeing-eye dog at the rate of \$33.66 per month.

**OTHER UTILITY
CHARGES** Telephone - amount varies according to need and location.
Laundry - \$11.13 per month.

MEALS Restaurant meals - \$187.09 per month; \$6.04 per day.
Home delivered meals - the amount charged by the agency delivering the service.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

**MEDICALLY NEEDY
PROGRAM** Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES** The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION¹

State does not provide optional supplementation.

STATE ASSISTANCE FOR SPECIAL NEEDS²

ADMINISTRATION

Department of Health and Human Resources, Bureau for Children and Families.

SPECIAL NEED CIRCUMSTANCES:

ADULT FAMILY- CARE HOME

Payment of \$431-\$501 monthly (depending on amount of care required for each recipient) provided on behalf of every aged, blind, or disabled person living in personal-care home who has been approved for SSI or is income eligible.

PERSONAL-CARE HOME

Payment of \$536 monthly provided on behalf of every aged, blind, and disabled persons living in a personal-care home who has been approved for SSI or is income eligible.

PERSONAL-CARE SERVICES:

Payment of \$5-\$110 monthly provided to aged, blind, and disabled persons who live in their own homes, or in some cases, in homes of others. The recipient must be one who: 1) is unable to perform certain household tasks; 2) would be unable to remain in his/her own home without personal care service; and 3) has been approved for SSI or is income eligible.

EMERGENCY FINANCIAL ASSISTANCE

Amounts vary with need but cannot exceed maximum. Provided on behalf of eligible persons who have emergency needs for the items covered by the program, such as: utilities, shelter, food, clothing, etc. Payments may be made to individuals or families to cover an emergency for up to 30 consecutive days in any 12 month period.

¹ State does not have a mandatory minimum supplementation program. State does not participate in the Interim Assistance Reimbursement program.

² Vendor payments.

**SPECIAL NEED
CIRCUMSTANCES (CON.)****BURIAL
EXPENSES**

Up to \$400 (up to \$325 for children) provided for burial expenses for persons who do not possess sufficient resources to pay for burial expenses. A contribution of up to \$1,200 toward burial expenses from any source is excluded from consideration as a resource in determining assistance amount for burial expenses.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

Social Security Administration.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration obtains this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Wisconsin Statutes, 49.177.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION¹	Social Security Administration.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to all eligible persons living in the arrangements listed under "Payment Levels." Residents of emergency shelters or patients in medical facilities where Medicaid pays more than 50 percent of the cost of care are not eligible for supplementation. Blind and disabled children are eligible for optional supplementation. Recipients in medical facilities who are eligible for Federal payments under Section 1611(e)(1)(E) receive State optional supplementation (code A payment level) for up to 2 months.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration district offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently ³	\$553.78	\$837.05	\$83.78	\$132.05
	Living in household of another	397.12	602.05	83.78	132.05
	Living independently with an ineligible spouse	600.43	N/A	130.43	N/A
	Household of another with ineligible spouse	448.39	N/A	135.05	N/A
	Private nonmedical group home or natural residential settings	649.77	1,182.41	179.77	477.41
	Living independently with an essential person (nonspouse) ⁴	788.78	1,072.05	83.78	132.05
	Household of another with an essential person (nonspouse) ⁴	553.78	837.05	83.78	132.05
	Living independently with an ineligible spouse who is an essential person ⁴	835.43	N/A	130.43	N/A
	Household of another with an ineligible spouse who is an essential person ⁴	605.05	N/A	135.05	N/A

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

³ Includes individuals in private medical facilities who receive less than 50 percent of cost of care from Medicaid.

⁴ Applies only to cases converted from former State assistance programs.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION	Department of Health and Social Services.
SPECIAL NEED CIRCUMSTANCES	State administers special need supplementary payments to cover care in nonmedical facilities and natural residential settings.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	Social Security Administration.
MEDICALLY NEEDY PROGRAM	Program for the aged, blind, and disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Wyoming Statute 42-1-131.
EFFECTIVE DATE	July 1, 1977.
ADMINISTRATION¹	Department of Family Services, Self-sufficiency Division.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to aged, blind, and disabled persons with no Federal countable income, living independently or in household of another. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	No application required. State uses computerized information from the Social Security Administration to identify eligible recipients.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS²

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently	\$479.70	\$729.60	\$9.70	\$24.60
	Living in the household of another	326.47	499.74	13.13	29.74

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

MEDICALLY NEEDY PROGRAM No program for the aged, blind, or disabled medically needy.

UNPAID MEDICAL EXPENSES The Social Security Administration obtains this information.

² Unless otherwise stated, payment levels apply equally to aged, blind, and disabled. Persons in Medicaid facilities who have other income are allowed to keep \$30 per month as a personal needs allowance.

APPENDIX A

Table 1.--Selected features of State supplementation: administration, passalong, and participation in the Interim Assistance Reimbursement Program (IAR) by State, January 1996

State	<u>Administration</u>		Participation	in IAR program ³
	Mandatory ¹	Optional ¹	Method of Passalong ²	
Alabama	NR	S	L	N
Alaska	S	S	L	Y
Arizona	S	S	L	Y
Arkansas	F	-	L	N
California	F	F	L	Y
Colorado	S	S	E	Y
Connecticut	NR	S	L	Y
Delaware	F	F	L	N
District of Columbia	F	F	L	Y
Florida	NR	S	L	Y
Georgia	F	-	L	Y
Hawaii	F	F	L	Y
Idaho	S	S	E	N
Illinois	S	S	L	Y
Indiana	S	S	L	Y
Iowa	F	F/S	E	Y
Kansas	F	-	L	Y
Kentucky	NR	S	L	Y
Louisiana	F	S	L	N
Maine ⁴	F	F	E	Y
Maryland	F	S	L	Y
Massachusetts	F	F	E	Y
Michigan	F/S	F/S	E	Y ⁵
Minnesota	S	S	L	Y
Mississippi	F	-	L	N
Missouri	S	S	L	Y
Montana	F	F	L	Y
Nebraska	S	S	E	Y
Nevada	NR	F	L	Y
New Hampshire	S	S	L	Y ⁴

APPENDIX A (Con.)

Table 1.--Selected features of State supplementation: administration, passalong, and participation in the Interim Assistance Reimbursement Program (IAR) by State, January 1996

State	<u>Administration</u>		Participation Method of Passalong ²	in IAR program ³
	Mandatory ¹	Optional ¹		
New Jersey	F	F	L	Y
New Mexico	S	S	L	Y ⁴
New York	F	F/S	L	Y
North Carolina	S	S	E	Y
North Dakota	C	C	L	N
Ohio	F	S	L	Y
Oklahoma	S	S	E	N
Oregon	S	S	E	Y
Pennsylvania	F	F	L	Y
Rhode Island	NR	F	L	Y ⁴
South Carolina	NR	S	L	N
South Dakota	F	S	L	N
Tennessee	F	-	L	Y
Texas	-	-	-	-
Utah	NR	F	L	Y
Vermont	NR	F/S	L	Y
Virginia	S	S	E	Y
Washington	F	F/S	E	Y
West Virginia	-	-	-	-
Wisconsin	S	S	E	Y
Wyoming	S	S	L	N

¹ F = Federal; S = State; C = Counties; NR = no recipients; - = no program.

² L = payment levels maintained; E = total expenditures maintained.

³ Y = Yes; N = No.

⁴ State administration effective April 1, 1996.

⁵ State participates by providing assistance only to individuals who have SSI applications pending.

APPENDIX A (Con.)

Table 2.--Selected features of medical programs affecting SSI recipients and the needy by State, January 1996

State	<u>Medicaid eligibility</u>		Medically needy program ³	Information on unpaid medical expenses ⁴
	Criteria ¹	Determination ²		
Alabama	F	F	N	---
Alaska	F	S	N	---
Arizona	F	F	N	SSA
Arkansas	F	F	Y	SSA
California	F	F	Y	---
Colorado	F	F	N	SSA
Connecticut	S	S	Y	---
Delaware	F	F	N	SSA
District of Columbia	F	F	Y	SSA
Florida	F	F	Y	---
Georgia	F	F	Y	---
Hawaii	S	S	Y	---
Idaho	F	S	N	---
Illinois	S	S	Y	---
Indiana	S	S	N	---
Iowa	F	F	Y	SSA
Kansas	F	S	Y	---
Kentucky	F	F	Y	SSA
Louisiana	F	F	Y	SSA
Maine	F	F	Y	SSA
Maryland	F	F	Y	SSA
Massachusetts	F	F	Y	SSA
Michigan	F	F	Y	---
Minnesota	S	S	Y	---
Mississippi	F	F	N	---
Missouri	S	S	N	---
Montana	F	F	Y	---
Nebraska	F	S	Y	---
Nevada	F	S	N	---
New Hampshire	S	S	Y	---

APPENDIX A (Con.)

Table 2.--Selected features of medical programs affecting SSI recipients and the needy by State, January 1996

State	<u>Medicaid eligibility</u>		Medically needy program ³	Information on unpaid medical expenses ⁴
	Criteria ¹	Determination ²		
New Jersey	F	F	Y	SSA
New Mexico	F	F	N	---
New York	F	F	Y	---
North Carolina	F	F	Y	---
North Dakota	S	S	Y	---
Ohio	S	S	N	---
Oklahoma	S	S	Y	---
Oregon	F	S	Y	---
Pennsylvania	F	F	Y	SSA
Rhode Island	F	F	Y	SSA
South Carolina	F	F	N	---
South Dakota	F	F	N	SSA
Tennessee	F	F	Y	SSA
Texas	F	F	N	SSA
Utah	F	S	Y	---
Vermont	F	F	Y	---
Virginia	S	S	Y	---
Washington	F	F	Y	SSA
West Virginia	F	F	Y	SSA
Wisconsin	F	F	Y	---
Wyoming	F	F	N	SSA

¹ F = title XVI criteria; S = State guidelines.

² F = Federal; S = State.

³ Y = Yes; N = No.

⁴ SSA = The Social Security Administration obtains this information.

APPENDIX B

Summary of selected features of State supplementation, the interim assistance reimbursement program, and Medicaid, January 1996

Number of States ¹	Programs
STATE SUPPLEMENTATION	
<u>Number of States providing mandatory/optional supplementation</u>	
35	Both mandatory and optional supplementation
5	Mandatory supplementation only
9	Optional supplementation only (no recipients in mandatory supplementation)
2	No supplementation
<u>Mandatory supplementation, type of administration selected by States</u>	
21	Federal administration
18	State administration
1	County administration
9	No recipients to supplement
2	No mandatory supplementation program
<u>Optional supplementation, type of administration selected by States</u>	
11	Federal administration
27	State administration
5	Federal/State administration
1	County administration
7	No optional supplementation program
INTERIM ASSISTANCE REIMBURSEMENT PROGRAM	
39	Participate in program
10	Do not participate in program
2	Not applicable, no supplementation
MEDICAID PROGRAM	
33	Federal determination of eligibility, title XVI criteria
18	State determination of eligibility
7	Title XVI criteria
11	State criteria

¹ Includes the District of Columbia.

APPENDIX C

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

State/living arrangement	Number of persons receiving payments			
	Total	Aged	Blind	Disabled
Alabama ²	1,910	976	22	912
Alaska ³	10,068	3,803	87	6,178
Living independently	9,143			
Living independently with ineligible spouse	457			
Living in the household of another	327			
Living in household of another with ineligible spouse	2			
Medicaid facility	139			
Arizona	N/A			
Housekeeping services	N/A			
Licensed private nursing homes	N/A			
Licensed county operated nursing homes	N/A			
Licensed supervisory care homes/adult foster care homes/24-hour treatment facilities	N/A			
California	1,018,550	331,160	21,670	665,720
A. Independent living with cooking facilities	772,640	273,850	19,690	479,100
B. Non medical out-of-home care	66,560	11,040	760	54,760
C. Independent living w/o cooking facilities	40,420	4,940	0	35,480
D. In household of another	60,300	37,630	950	21,720
E. Disabled minor in parent's home	61,270	0	10	61,260
F. Nonmedical out-of-home care, in household of another	2,520	620	10	1,890
G. Disabled minor in household of another	1,570	0	0	1,570
J. Medicaid facility	13,270	3,080	250	9,940
Colorado	28,709	18,523	17	10,169
Living independently	23,072	15,230	2	7,840
Adult foster care	470	225	0	245
Home care	5,167	3,068	15	2,084
Individual with essential spouse	0	0	0	0

APPENDIX C (Con.)

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

State/living arrangement	Number of persons receiving payments			
	Total	Aged	Blind	Disabled
Connecticut				
Independent community living	29,147	8,448	152	20,547
Delaware				
A. Living in adult residential care facility	500	0	10	490
District of Columbia	20,360	3,520	180	16,660
A. Adult foster-care home (50 beds or less)	750	90	0	660
B. Adult foster-care home (over 50 beds)	70	40	20	10
C. Living independently	17,380	3,040	120	14,220
D. In household of another	1,150	210	10	930
E. Living independently with an essential person (EP)	0	0	0	0
F. In household of another with EP	0	0	0	0
G. Medicaid facility	1,010	140	30	840
Florida	14,175	6,498	0	7,677
Community care program				
Adult Family Care Home	541	280	0	261
Assisted living facilities	8,755	3,671	0	5,084
Medicaid facility	4,879	2,547	0	2,332
Hawaii	17,080	6,710	210	10,160
A. Living independently	15,050	6,220	190	8,640
F. Domiciliary care I	30	20	0	10
G. Domiciliary care II	20	0	0	20
H. Domiciliary care III	1,980	470	20	1,490
Idaho⁴	10,451	---	---	---
Living independently or with EP	6,930			
Room and board facility	812			
Adult residential care home	1,008			
Adult foster care home	74			
Semi-independent group residential facility	47			
Living in relative's home	1,580			

APPENDIX C (Con.)

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

State/living arrangement	Number of persons receiving payments			
	Total	Aged	Blind	Disabled
Illinois ²	45,930	7,827	198	37,905
Indiana				
Licensed residential facility	924	407	3	514
Iowa	7,522	---	---	---
A. Living independently	800	0	800	0
B. In household of another	10	0	10	0
C. With dependent person	1,110	130	40	940
D. Family life or boarding home	20	0	10	10
H. With dependent person (1/3 reduction)	0	0	0	0
I. Family life/boarding homes (1/3 reduction)	0	0	0	0
Residential care ⁴	4,057	---	---	0
In-home health care ⁴	1,525	---	---	---
Kentucky ³	5,913	2,985	63	2,865
Personal-care facility	4,228			
Family care home	489			
Caretaker in home	1,196			
Louisiana				
Medicaid facility ⁴	6,644	---	---	---
Maine	30,640	5,520	270	24,850
A. Living alone or with others	27,400	4,830	220	22,350
C. In the household of another	600	40	10	550
D. Foster home	420	0	0	420
E. Flat rate boarding home	160	10	0	150
G. Cost reimbursement boarding home	1,680	580	40	1,060
H. Medicaid facility	380	60	0	320

APPENDIX C (Con.)

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

State/living arrangement	Number of persons receiving payments			
	Total	Aged	Blind	Disabled
Maryland	1,050	---	---	---
Care home				
Minimal supervision	7	0	0	7
Moderate supervision	6	0	0	6
Extensive supervision	47	2	0	45
Specialized and intensive supervision	601	31	0	570
DOMCARE ⁴	389	---	---	---
Massachusetts	161,220	46,930	4,540	109,750
A. Living independently	80,540	31,250	1,930	47,360
B. Shared living expenses	65,130	10,840	1,980	52,310
C. In household of another	10,120	2,960	530	6,630
E. Licensed rest home	2,430	930	---	1,500
F. Medicaid facility	3,000	950	100	1,950
Michigan	208,769	---	---	---
Living independently				
or in the household of another	188,979	0	0	0
D. Domiciliary-care	50	0	0	50
E. Personal-care	15,190	1,180	110	13,900
F. Home for the aged	1,430	860	0	570
G. Living independently with EP	10	0	0	10
H. In household of another with EP	0	0	0	0
I. Medicaid facility	3,110	560	10	2,540
Minnesota	29,953	7,060	211	22,682
Living independently	19,942	5,542	120	14,280
In household of another	0	0	0	0
Nonmedical, group residential facility	7,516	758	64	6,694
Medicaid facility	2,495	760	27	1,708

APPENDIX C (Con.)

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

State/living arrangement	Number of persons receiving payments			
	Total	Aged	Blind	Disabled
Missouri	8,239	3,436	769	4,034
Licensed residential-care facility I	2,153	828	1	1,324
Licensed residential-care facility II	4,272	1,852	0	2,420
Licensed intermediate care/skilled nursing	1,046	756	0	290
Aid to the blind	768	0	768	0
Montana	1,020	10	0	1,010
G. Personal-care facility	90	0	0	90
H. Group home for mentally disabled	40	0	0	40
I. Community home for physically or developmentally disabled	650	10	0	640
J. Child and adult foster care	170	0	0	170
K. Transitional living services for the developmentally disabled	70	0	0	70
Nebraska	5,631	1,410	53	4,168
Living independently	3,468	689	42	2,737
Living with EP ⁴	399	76	1	322
Room and board facility	91	10	0	81
Licensed domiciliary facility	221	47	2	172
Certified adult family home	155	35	3	117
Licensed residential-care facility	562	168	0	394
Licensed group home for children/child caring agency	1	0	0	1
Medicaid facility	734	385	5	344
Nevada⁵	5,920	5,290	580	50
A. Living independently	5,050	4,430	570	50
B. In household of another	490	480	10	0
C. Domiciliary care	380	380	0	0

APPENDIX C (Con.)

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

	Number of persons receiving payments			
State/living arrangement	Total	Aged	Blind	Disabled
New Hampshire	6,786	1,621	234	4,931
Living independently	5,247	1,174	164	3,909
Living with EP	5	3	0	2
Residential care facility for adults	213	145	4	64
Enhanced family care facilities	508	55	23	430
Community residences: nonsubsidized	11	1	0	10
subsidized	523	57	29	437
Medicaid facility	279	186	14	79
New Jersey	142,260	35,160	1,130	105,970
A. Licensed residential facility	6,270	420	30	5,820
B. Living alone or with others	107,510	23,400	870	83,240
C. Living with an ineligible spouse or EP	4,930	2,260	20	2,650
D. In household of another	18,950	7,770	180	11,000
G. Medicaid facility	4,600	1,310	30	3,260
New Mexico				
Licensed adult residential care home ⁴	231	---	---	---
New York	579,690	144,620	3,710	431,360
A. Living alone	294,880	102,940	2,030	189,910
B. Living with others	201,590	18,720	1,270	181,600
C. Congregate care I	6,860	760	40	6,060
D. Congregate care II	33,310	6,310	130	26,870
E. Congregate care III	460	0	0	460
F. In household of another	28,180	11,730	140	16,310
G. Medicaid facility ⁶	14,410	4,160	100	10,150
North Carolina⁷	19,995	11,740	202	8,053
Adult care home				
Basic	19,362	11,263	202	7,897
Disenfranchised ambulatory	342	218	0	124
Disenfranchised semi-ambulatory	291	259	0	32
North Dakota^{2 4}	386	---	---	---

APPENDIX C (Con.)

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

State/living arrangement	Number of persons receiving payments			
	Total	Aged	Blind	Disabled
Ohio⁴	2,615	---	---	---
Adult foster home	135			
Adult family home	484			
Apartment or room	12			
Community Alternative home	0			
Group home	1,183			
Residential Care Facility	801			
Oklahoma				
Living independently	71,998	25,850	660	45,488
Oregon	20,041	2,743	604	16,694
Living independently ⁸	17,419	1,787	444	15,188
Living with ineligible spouse	0	0	0	0
Living with EP	0	0	0	0
Living in the household of another	978	475	57	446
Adult foster/residential care	1,644	481	103	1,060
Pennsylvania	254,100	40,200	2,670	211,230
A. Living alone	233,770	35,000	2,460	196,310
B. In household of another	8,940	1,490	110	7,340
C. Living with EP	40	0	0	40
D. In household of another with EP	0	0	0	0
G. Domiciliary-care facility for adults	1,920	220	20	1,680
H. Personal-care boarding home	9,430	3,490	80	5,860
Rhode Island	23,670	4,870	170	18,630
A. Living alone	21,830	4,300	150	17,380
B. In household of another	1,030	240	20	770
D. Shelter care facility	280	130	0	150
E. Medicaid facility	530	200	0	330

APPENDIX C (Con.)

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

State/living arrangement	Number of persons receiving payments			
	Total	Aged	Blind	Disabled
South Carolina				
Licensed residential-care facility	4,239	2,451	21	1,767
South Dakota⁴	3,148	---	---	---
Living independently	2,922			
Assisted living facility	185			
Adult foster care	41			
Utah	1,550	380	10	1,160
A. Living alone or with others ⁹	850	340	0	510
B. In household of another	700	40	10	650
Vermont	13,393	2,048	152	11,193
A/B. Living independently	11,190	1,700	120	9,370
E. In household of another	110	10	0	100
F. Level III-residential care home	290	130	0	160
G. Level IV-residential care home	500	60	10	430
H. Custodial-care, family home	760	40	10	710
I. Medicaid facility	150	60	10	80
Recipients with essential person	393	48	2	343
Virginia	7,033	3,332	27	3,674
Adult Care Residence	6,974	3,306	26	3,642
Adult family care	59	26	1	32
Washington	87,892	12,828	888	74,176
A. Living independently	80,370	11,220	770	68,380
B. Living with ineligible spouse	4,380	660	80	3,640
C. In household of another	1,440	330	30	1,080
F. In household of another with ineligible spouse	40	30	0	10
G. Living with one EP	0	0	0	0
H. In household of another with one EP	0	0	0	0
Medicaid facility	1,662	588	8	1,066

APPENDIX C (Con.)

Number of persons receiving State optional supplementation by State, living arrangement, and eligibility category, January 1996¹

State/living arrangement	Number of persons receiving payments			
	Total	Aged	Blind	Disabled
Wisconsin	107,450	17,894	1,126	88,430
Living independently	81,056	13,570	762	66,724
In household of another	2,433	389	42	2,002
Living independently w. ineligible spouse	5,299	374	85	4,840
In household of another with ineligible spouse	22	14	1	7
Private nonmedical group home or natural residential settings	18,640	3,547	236	14,857
Living independently with EP (nonspouse)	0	0	0	0
In household of another with EP (nonspouse)	0	0	0	0
Living independently with EP (ineligible spouse)	0	0	0	0
In household of another with EP (ineligible spouse)	0	0	0	0
Wyoming^{2 4}	2,348	---	---	---

¹ For States with federally administered optional supplementation, the number of people receiving payments was estimated from a December 1995, 10-percent sample of persons scheduled to receive payments in January 1996.

² Data on living arrangements not available.

³ Data on eligibility categories by living arrangements not available.

⁴ Data on eligibility categories not available.

⁵ Nevada does not supplement the disabled. In this table, the 50 recipients classified as disabled are eligible for SSI on the basis of their disability. In Nevada, their eligibility for State-supplementation is based either on age or on blindness.

⁶ Of these recipients, 8,188 receive an additional State-administered supplement.

⁷ There are 150 blind adults receiving the basic amount; as well as 52 blind children who are not included in adult care home facilities.

⁸ Includes some recipients in room and board facilities.

⁹ The State provides optional supplementation for couples only.

APPENDIX D

DEFINITIONS OF FEDERAL PAYMENT CODES AND STATE LIVING ARRANGEMENTS¹

FEDERAL PAYMENT CODES

<u>Code</u>	<u>Description</u>
A	Includes eligible persons who: 1) live in their own household whether or not receiving in-kind support and maintenance (ISM); 2) live in a foster or family care situation; 3) have no permanent living arrangement such as a transient; 4) live in an institution (excludes inmates of public institutions) for all or part of a month provided that Medicaid does not pay more than 50 percent of the cost of their care; or 5) live alone or with a child, spouse, or persons whose income may be deemed to them. Also includes eligible persons for whom codes B, C, and D do not apply.
B	Includes eligible persons who: 1) live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and 2) receive food and shelter from within that household. Code A payment standard is reduced by one-third.
C	Includes eligible children under age 18 who live in the same household as their parents (i.e., deeming applies). Payment standard is the same as in code A.
D	Includes eligible persons who live in a public or private medical institution throughout a month and Medicaid is paying more than 50 percent of the cost of their care.

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
-------------	--------------------

ALABAMA

Personal care home--A domiciliary facility that provides care for four or more unrelated persons and is licensed by the State Health Department.

Foster home--A domiciliary facility licensed or approved by the State Department of Human Resources in accordance with State foster home provisions.

Cerebral palsy treatment center--A domiciliary facility for the treatment of cerebral palsy which is licensed by the State Health Department.

¹ States which are not included in this appendix either do not have optional supplementation programs or did not provide definitions of their living arrangements.

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

ALASKA

Living independently--Includes eligible persons who: 1) live alone in their own household, whether or not receiving in-kind support and maintenance; 2) live alone or with a minor child, spouse, or anyone else whose income is deemed available to them; 3) live in an adult residential care facility, a medical institution, or adult foster care home; 4) live in a household in which all members receive Federal or State public assistance; 5) live in a household of another and pay at least a prorata share of the household expenses; or 6) live in a household of another where the eligible person or deemor has an ownership interest in the home or is liable to the landlord for any part of the rent.

In the household of another--Includes eligible persons who: 1) live in another's household for a full calendar month, except for temporary absences; and 2) receive both food and shelter from that person.

Medicaid facility--Includes eligible persons who reside for a full calendar month in a skilled nursing facility or an intermediate care facility which is certified and licensed by the Alaska Department of Health and Social Services to provide long term care.

ARIZONA

Requires housekeeping services--A determination that the person is functionally impaired in sufficient degree as to require help with housekeeping, laundry, essential shopping, errands, and meal preparation.

Licensed private nursing homes--Health care institutions licensed by the State Department of Health Services which provide nursing services to persons who need care on a continuing basis but do not require hospital care or direct daily care from a physician.

Licensed county operated nursing homes--Health care institutions licensed by the State Department of Health Services which are administered by a county and provide nursing services on a continuing basis.

Licensed supervisory care homes--Provide accommodations, board and general supervision including assistance in the self-administration of prescribed medication.

Adult foster care--Homes are certified on a county basis in Maricopa and Pima counties and by the Department of Human Services elsewhere. These homes provide supervisory care and assistance with daily living services to four or fewer people.

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

ARIZONA (Con.)

Twenty-four-hour treatment facility--Residential care facilities, licensed by the State Department of Health Services, which provide 24-hour treatment to the chronically mentally ill.

CALIFORNIA

- | | |
|---|--|
| A | <u>Independent living with cooking facilities</u> --Includes recipients who: 1) live in their own household and have cooking and food storage facilities, or are provided meals as part of the living arrangement; 2) are patients in certified private medical facilities where title XIX does not pay more than 50 percent of the cost of care; 3) are patients in private medical facilities licensed by the State but not certified under title XIX; 4) are blind children under age 18 who live with parents; or 5) are blind and live independently with or without cooking and food storage facilities. |
| B | <u>Nonmedical out-of-home care (NMOHC)</u> --Includes adult recipients who are in Federal code A and reside either in the home of a relative, legal guardian, or conservator or in a State licensed NMOHC facility. Includes children who are: 1) blind and residing in a State licensed NMOHC facility; 2) blind and residing in the home of a relative who is not his/her parent or legal guardian/conservator; 3) disabled and residing in a state licensed NMOHC facility; 4) disabled and residing in the home of a legal guardian/conservator who is not his/her relative; 5) disabled and residing in the home of a relative who is not his/her parent; 6) blind or disabled and residing in a "certified family home." |
| C | <u>Independent living without cooking facilities</u> --Includes aged or disabled recipients or couples who are not provided meals nor given access to adequate cooking/food storage facilities as part of their living arrangements. |
| D | <u>Living in the household of another</u> --Includes recipients in Federal code B who do not qualify for any other State arrangement. |
| E | <u>Disabled minor in home of parent</u> --Includes disabled children under age 18 who reside with a parent. |
| F | <u>Nonmedical out-of-home care, living in the household of another</u> --Includes recipients who meet the State criteria for nonmedical out-of-home care payments and are in Federal code B. |
| G | <u>Disabled minor in the household of another</u> --Includes disabled children under age 18 who reside with a parent and are in Federal code B. |

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

CALIFORNIA (Con.)

- | | |
|---|---|
| J | <u>Medicaid facility</u> --Includes recipients in Federal code D. Also includes recipients in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E). |
|---|---|

COLORADO

Living independently--Includes recipients who are in Federal code A or B, meet the State eligibility requirements, and do not qualify for other State arrangements.

Adult foster care--Includes recipients who are in Federal code A and are residing in an approved supervised living facility known as an adult foster home.

Home care--Includes recipients who receive care in their own homes from qualified personnel and who would otherwise be in nursing homes if this care were unavailable.

Individual with essential spouse--Includes recipients who are living with a spouse who is rendering services which if these recipients were living alone would have to be provided for them.

CONNECTICUT

Independent community living--Any type of living arrangement which is not a licensed room and board facility or a medical or penal institution.

DELAWARE

- | | |
|---|--|
| A | <u>Adult residential-care facility</u> --Includes those recipients who are certified by the Delaware Department of Health and Social Services, as residents of an adult residential care home. |
|---|--|

DISTRICT OF COLUMBIA

- | | |
|---|---|
| A | <u>Adult foster-care home (50 beds or less)</u> --Includes only recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster care-home with 50 or fewer residents. |
|---|---|

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

DISTRICT OF COLUMBIA (Con.)

- | | |
|---|--|
| B | <u>Adult foster-care home (over 50 beds)</u> --Includes only recipients who are certified by the District of Columbia, Department of Human Services, as residents of an adult foster-care home with more than 50 residents. |
| C | <u>Living independently</u> --Includes all recipients in Federal codes A and C who are eligible for State supplementation and are not included under another arrangement. Includes residents of publicly operated emergency shelters throughout a month. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E). |
| D | <u>Living in the household of another</u> --Includes recipients in Federal code B. |
| E | <u>Living independently with an essential person (EP)</u> --Includes recipients who meet the definition of State living arrangement C but have an EP. |
| F | <u>Living in the household of another with an EP</u> --Includes recipients who meet the definition of State living arrangement D but have an EP. |
| G | <u>Medicaid facility</u> --Includes recipients in Federal code D. |

FLORIDA

Adult family-care home--Serves 1 to 3 people, ages 18 and up.

Assisted living facility--Serves 4 or more people providing housing, food, and personal services.

Medicaid facility--Includes recipients in Federal code D.

HAWAII

- | | |
|---|---|
| A | <u>Living independently</u> --Includes recipients living in their own households, in "halfway houses" (i.e., private nonmedical facilities with which the State has purchase or services agreements for the short term care of certain needy individuals), or in private medical facilities certified under title XIX but where title XIX does not pay more than 50 percent of the cost of care. Includes recipients in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E). Also includes blind or disabled children under age 18 living in their parents' household. |
|---|---|

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

HAWAII (Con.)

- | | |
|---|---|
| F | <u>Domiciliary Care I</u> --Includes recipients (including children) living in a private, non-medical facility (established and maintained for the purpose of providing personal care and services to aged, infirm, or handicapped persons) and certified by the State to receive level I care as defined by the State. Domiciliary care level I involves minimal care to an ambulatory resident. |
| G | <u>Domiciliary Care II</u> --Same as F except level II care which involves moderate care and supervision is provided. |
| H | <u>Domiciliary Care III</u> --Same as F except level III care which requires extensive care and supervision is provided. |

IDAHO

Living independently--Includes recipients living in their own household (i.e., house, apartment, hotel, rooming house) or in the household of another. Also includes blind or disabled children living with their parents.

Living with an essential person--Includes recipients living in their own household or in the household of another with a person of their choice whose presence in the household is essential to the recipients' well-being and who renders specific services of a kind which would have to be provided for the recipients if they lived alone.

Room and board facility--A living arrangement in which a person purchases food, shelter, and household maintenance requirements from 1 vendor in a facility not required to be licensed as a shelter home.

Licensed adult residential care home--A facility providing a home with continuous protective oversight and 24-hour supervision and facilities for 3 or more persons not related to the owner who need personal care, assistance, or supervision either for sustaining activities of daily living or for self-protection. An adult residential care home is required to be licensed under state law.

Adult foster care--A family home in which not more than two adults are placed. These adults are unable to reside in their own homes and require help in their daily living as well as protection, security, and encouragement toward independence.

Semi-independent group residential facility--A facility having 1 or more living areas under a common management in which an opportunity to learn independent living skills is provided under individualized service plans to not less than 3 nor more than 8 developmentally disabled and/or mentally ill persons not requiring direct supervision.

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

INDIANA

Licensed residential facility--Includes recipients who reside in facilities licensed by the Indiana Board of Health and approved for participation in the Room and Board Assistance program by the Indiana Family and Social Services Administration. These residential facilities can be publicly or privately owned; for profit or not-for-profit.

IOWA

- | | |
|-----|---|
| A | <u>Living independently (Blind only)</u> --Includes all blind recipients who are not included under another arrangement, do not have an essential person (EP), and are not otherwise ineligible for supplementation. |
| B | <u>Living in the household of another (Blind only)</u> --Includes all blind recipients who are in Federal code B, are not included under another State arrangement, do not have an EP, and are not otherwise ineligible for supplementation. |
| C/H | <u>Living with a dependent person</u> --Includes a recipient in Federal code A, B, or C who has an ineligible spouse, parent, child, or adult child living in the home with him or her, and who is financially dependent upon the eligible individual as defined by the State Department of Human Services. |
| D/I | <u>Living in a family life or boarding home</u> --Includes recipients in Federal code A or B who reside in family life homes or boarding homes licensed by the State Department of Health or certified by the State Department of Human Services. |
- Residential care--Includes recipients who require custodial care (but not nursing care) on a 24-hour basis. The purpose of these facilities is to provide care for recipients who because of age, blindness, or disability are unable to adequately care for themselves in an independent living arrangement. Recipients must have the written recommendation of a physician to be admitted to these facilities.
- In-home health care--Includes recipients who require personal services and/or nursing care in their own home. The primary purpose of the program is to enable recipients to remain in their own home for as long as possible. Care must be recommended in writing by a physician and must be provided under the supervision of a registered nurse.

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

KENTUCKY

Personal-care facility--Includes recipients who are ambulatory or mobile nonambulatory and able to manage most of the activities of daily life. Facilities provide supervision, basic health and health related services, personal care, and social/recreational activities.

Family care home--Includes recipients in residential accommodations limited to two or three people who are not related to the licensee. Residents of these homes must be ambulatory or mobile nonambulatory and be able to manage most of the activities of daily life. They cannot have an illness, injury, or disability requiring constant medical care.

Caretaker in home--Includes recipients who are eligible to receive caretaker services in their homes. These services are provided at regular intervals to prevent institutionalization.

LOUISIANA

Medicaid facility--Includes those recipients in Federal code D who reside in nonpsychiatric medicaid facilities.

MAINE

- | | |
|---|---|
| A | <u>Living alone or with others</u> --Includes the following types of recipients: 1) an individual living in his/her own household with no other person except an ineligible spouse; 2) a couple living in their own household; 3) a person in a medical facility where Medicaid does not pay more than 50 percent of the cost of care; 4) a person in a medical facility who is in Federal code A on the basis of his eligibility under Section 1611(e)(1)(E); 5) a person in a private-pay facility or private-pay portion of a licensed boarding home; or 6) an individual or couple living with other persons but not considered to be "living in the household of another." |
| C | <u>Living in the household of another</u> --Includes all recipients in Federal code B. |
| D | <u>Living in a foster home</u> --Includes recipients residing in an adult foster home or in a children's boarding home with foster parents as identified by the State. |
| E | <u>Living in a flat rate boarding home</u> --Includes recipients residing in a boarding home which is licensed by and has a provider agreement with the State for reimbursement at a flat rate. Also included are recipients residing in a group 24-hour facility or a child caring institution, as identified by the State. |

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

MAINE (Con.)

- | | |
|---|---|
| G | <u>Living in a cost reimbursement boarding home</u> --Includes recipients residing in a boarding home which is licensed by and has a provider agreement with the State for reimbursement based on cost. |
| H | <u>Medicaid facility</u> --Includes recipients in Federal code D. |

MARYLAND

Care home, minimal supervision--Includes individuals who are certified by one of the administering State agencies as requiring minimal supervision in an approved care home.

Care home, moderate supervision--Includes individuals who are certified by one of the administering State agencies as requiring moderate supervision in an approved care home.

Care home, extensive supervision--Includes individuals who are certified by one of the administering State agencies as requiring extensive supervision in an approved care home.

Care home, specialized and intensive supervision--Includes individuals who are certified by one of the administering State agencies as requiring specialized and intensive services in an approved care home.

DOMCARE--Includes individuals certified by the Maryland Department of Human Resources as requiring care in an approved domiciliary care facility.

MASSACHUSETTS

- | | |
|---|--|
| A | <u>Living independently</u> --Includes recipients who live: 1) alone; 2) only with an eligible spouse; 3) with an eligible spouse and with ineligible children who do not receive income maintenance payments; or 4) with an ineligible spouse and/or ineligible children none of whom receive income maintenance payments. Also includes recipients in Federal code C who do not live with any persons receiving income maintenance payments. Persons not meeting these criteria may be included if they are in Federal code A or C and pay at least two-thirds of the household expenses. In addition, recipients living in public congregate housing developments are included. |
|---|--|

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

MASSACHUSETTS (Con.)

- | | |
|---|---|
| B | <u>Shared living expenses</u> --Includes recipients who are in Federal code A or C and do not meet the criteria for State living arrangement A or E. As such, it includes recipients who reside in group-care facilities such as halfway houses, private medical facilities where Medicaid is paying 50 percent or less of the cost of care, foster homes, commercial boarding homes, or in other facilities which do not meet the criteria for State living arrangement A or E. It also includes: 1) recipients who reside in households where they do not pay at least two-thirds of the household expenses and one or more household members receive an income maintenance payment; and 2) transients, the homeless, and residents of public emergency shelters. |
| C | <u>Living in the household of another</u> --Includes recipients in Federal code B. |
| E | <u>Licensed rest home</u> --Includes recipients residing in a licensed rest home which has a provider agreement with the State. |
| F | <u>Medicaid facility</u> --Includes recipients in Federal code D. |

MICHIGAN

Living independently--Includes all eligible recipients who are not included in any other State arrangement. Recipients residing in title XIX facilities where Medicaid is not paying more than 50 percent of the cost of care and recipients residing in publicly operated emergency shelters throughout a month are included in this arrangement.

Living in the household of another--Includes recipients with no essential person (EP) who are in Federal code B.

- | | |
|---|---|
| D | <u>Domiciliary-care</u> --Includes recipients residing in licensed nonmedical facilities which provide room, board, and supervision. The State certifies which recipients are residents requiring this level of care. |
| E | <u>Personal-care</u> --Includes recipients residing in licensed nonmedical facilities which provide general supervision, physical care, and assistance in carrying out the basic activities of daily living. The State certifies which recipients are residents requiring this level of care. |
| F | <u>Home for the aged</u> --Includes recipients residing in nonmedical facilities for the aged. The State certifies which recipients are residents requiring this level of care. Such care situations include, but are not limited to, licensed homes for the aged. |

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

MICHIGAN (Con.)

- | | |
|---|--|
| G | <u>Living independently with an essential person</u> --Includes recipients with an EP, who are not living in the household of another. Children under age 18 are excluded. |
| H | <u>Living in the household of another with an EP</u> --Includes recipients with an EP who are in Federal code B. Children under age 18 are excluded. |
| I | <u>Medicaid facility</u> --Includes recipients in Federal code D. |

MINNESOTA

Living independently--Includes recipients who are solely responsible for paying costs connected with their home or apartment, and persons eligible for Medicaid home and community based service waivers, or at risk of placement in a group residential facility.

Living in the household of another--Includes recipients who live with another person, regardless of the relationship, in a house or an apartment.

Nonmedical, group residential facility--Includes recipients who reside in a congregate care setting and have their shelter payments negotiated by the county agency. Nonmedical facilities include foster care, boarding care, and room and board arrangements.

Medicaid facility--Includes recipients in Federal code D.

MISSOURI

Licensed residential-care facility I--Residents must meet State income and resource guidelines. Care provided is similar to boarding home care.

Licensed residential-care facility II--Residents must meet State income and resource guidelines. Custodial type care is provided.

Licensed intermediate care or skilled nursing home--Residents must meet State income and resource guidelines. Custodial plus medical care provided.

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

MONTANA

- | | |
|---|--|
| G | <u>Personal-care</u> --Facilities that provide 24 hour personal care services to 5 or more persons who are not in need of skilled nursing care. Personal care services include help with eating, walking, dressing, bathing, etc.. It also includes supervision, local transportation, and protective oversight. These facilities must be licensed by the Department of Health and Environmental Sciences. Residents must: 1) be 18 years of age or older; 2) be ambulatory; 3) not be incontinent; and 4) not need chemical or physical restraints. |
| H | <u>Group home for mentally disabled (ill)</u> --Provides residential services to mentally disabled persons in the community. Must have current license from Department of Health and Environment Sciences. |
| I | <u>Community home for physically or developmentally disabled</u> --Homes for the developmentally disabled provide a family type residence and related residential services to persons with developmental disabilities. Children can be residents of these homes. Homes for the severely disabled provide a home-like residence to 2 to 8 severely disabled persons. Persons with a primary diagnosis of mental illness are not included in the latter homes. These homes must be licensed. |
| J | <u>Child and adult foster care</u> --A children's foster home is a licensed home that provides care to a child. An adult foster home is a licensed home which provides personal and/or custodial care to disabled adults or aged persons. |
| K | <u>Transitional living services for the developmentally disabled</u> --This is a program that provides an intermediate step between the group home and independent living. It consists of persons living in congregate apartments with some staff supervision. Staff provides assistance in such areas of daily living as cooking, shopping, and cleaning. |

NEBRASKA

Living independently--Includes recipients in Federal code A.

Living with an essential person--Applies to recipients who are living independently and were converted from the December 1973 State rolls with an EP who has continued to live in the household.

Room and board facility--Includes only recipients in Federal code B.

Licensed domiciliary facility--provides accommodations and supervision to 4 or more persons who are essentially capable of managing their own affairs, but are in need of

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

NEBRASKA (Con.)

supervision. These people do not require the daily services of licensed, registered, or practical nurses. These facilities are licensed by the Department of Health.

Certified adult family home--A residential living unit which provides full-time residence with minimal supervision and guidance to not more than 3 individuals age 19 or older. Individuals residing in these homes are essentially capable of managing their own affairs but are in need of supervision. These homes are certified by the social services unit in the local offices of the Nebraska Department of Social Services.

Licensed residential care facility--These facilities provide accommodation and board and care (e.g., personal assistance in feeding, dressing, and other essential daily living activities) to 4 or more individuals who are unable to care for themselves or manage their own affairs because of illness, disease, injury, deformity, disability, or physical or mental infirmity. They do not, however, require the daily services of licensed, registered, or practical nurses. These facilities are licensed by the Nebraska Department of Health.

Licensed group home for children--These facilities provide 24-hour accommodations to 2 or more developmentally disabled minors. The homes are under the direction and control of a mental retardation program and are licensed by the Nebraska Department of Social Services.

Center for the developmentally disabled--A facility, not licensed as a hospital, which provides accommodation, board, training, and other services for four or more developmentally disabled persons. Included in this category are group residences which house 4 to 15 persons and institutions (other than skilled nursing facilities or ICFs) which house 16 or more persons. These centers are licensed by the Nebraska Department of Health.

Medicaid facility--Includes recipients in Federal code D.

NEVADA

- | | |
|---|--|
| A | <u>Living independently</u> --Includes aged and blind recipients who live in their own households or are in certified private medical facilities where title XIX does not pay more than 50 percent of the cost of care. Also includes blind children under age 18 living in their parents' households. |
| B | <u>Living in the household of another</u> --Includes aged and blind recipients who are in Federal code B. |

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

NEVADA (Con.)

- | | |
|---|---|
| C | <u>Domiciliary care</u> --Includes aged and blind recipients who live in private nonmedical facilities or in residential facilities serving 16 or fewer persons, which provide personal care and services to aged, infirm, or handicapped adults who are unrelated to the proprietor. |
|---|---|

NEW HAMPSHIRE

Living independently--Includes all adult recipients in Federal codes A and B who are not included in any other State living arrangement. Also includes blind children in Federal codes A, B, and C.

Living with an essential person--Includes recipients living in a private household with a person who provides the essential care and personal services which enables them to remain within their household.

Residential care facility for adults--Facilities which provide housing for 1 to 25 elderly or physically disabled adults who cannot live alone, yet do not require nursing home care.

Enhanced family care facility--Community residences that are owned and operated by a person or family living in the residence. One or more individuals receive services in a certified family environment, and the primary daily support is provided by members of the host family.

Community residences--Facilities which provide housing on a 24 hour basis to mentally ill or developmentally impaired persons. Care provided is a combination of supervised social, personal, and mental health services. The appropriate community residence standard of need is based on whether the resident received any type of subsidy from the Division of Mental Health Developmental Services.

Medicaid facility--Includes recipients in Federal code D.

NEW JERSEY

- | | |
|---|---|
| A | <u>Licensed residential facilities</u> --Includes recipients at State approved facilities. Mentally retarded recipients must be supervised and/or placed by either the State Department of Youth and Family Services or the State Division of Developmental Disabilities. |
| B | <u>Living alone or with others</u> --Includes all recipients in Federal living arrangement A or C who do not meet the definitions of other State living arrangements. Includes persons |

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

NEW JERSEY (Con.)

in the Transitional Residency Program when their placement is through the Division of Mental Health and Hospitals, Department of Human Services. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).

- | | |
|---|--|
| C | <u>Living alone with an ineligible spouse</u> --Applies to recipients who live with their ineligible spouses only or with ineligible spouses and foster children only. |
| C | <u>Living with an essential person</u> --Uses Federal criteria. Recipient currently has an essential person living in the household and in December 1973 was receiving assistance under an approved State plan which covered the needs of an essential person. |
| D | <u>Living in the household of another</u> --Includes all recipients in Federal code B. |
| G | <u>Medicaid facility</u> --Includes all recipients in Federal code D. |

NEW MEXICO

Licensed adult residential care home--Includes no more than 15 persons who reside in a home-like atmosphere and receive assistance with the activities of daily life.

NEW YORK

- | | |
|---|---|
| A | <u>Living alone</u> --Includes recipients living either alone, with foster children, with an authorized homemaker, or with family care recipients placed by an authorized agency. Also includes recipients living with others but either paying a flat fee for room and board or preparing their meals separately. |
| B | <u>Living with others</u> --Includes recipients who reside in a dwelling with others and either: 1) prepare food in common with at least one other person in the dwelling; 2) are members of a religious community; or 3) are children who have not been included in State living arrangement C or D. |
| C | <u>Congregate care I</u> --Includes recipients in family type homes and family care homes. These homes serve persons who are unable to function completely independently. Family type homes are facilities certified by the New York State DSS, supervised by local departments of social services, and operated for the purpose of providing long-term residential care for adults. Family care homes are private households which provide care for mentally disabled persons. Eligibility for care in these homes is based on |

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

NEW YORK (Con.)

certification of placement by the Department of Social Services or Department of Mental Health.

- | | |
|---|--|
| D | <u>Congregate care II</u> --Includes recipients in residential facilities who are aged or have mental disabilities. Facilities at this level are residential care centers for adults (and some children) and State certified, privately operated facilities for the mentally ill which provide long term residential care and secure services which enable residents to continue to live in the community. |
| E | <u>Congregate care III</u> --Includes recipients in privately operated, State certified, nonmedical, residential facilities which are operated for the purpose of providing treatment, training, and education for mentally retarded or developmentally disabled individuals. |
| F | <u>Living in the household of another</u> --Includes all recipients in Federal code B. |
| G | <u>Medicaid facility</u> --Includes all recipients in Federal code D. An additional State-administered supplement is provided to those recipients in Federal code D who are New York State residents and reside in health care facilities defined in Section 2801 of the New York State Public Health Law (e.g., hospitals, nursing homes). |

NORTH CAROLINA

Adult care home--Includes recipients who are fully mobile and do not need the continuing help of staff members as well as recipients who need and use on a regular basis the assistance of wheelchairs, walkers, or staff members to walk .

OHIO

Adult foster home--Includes recipients living in a residence other than a residence certified or licensed by the Ohio Department of Mental Health that is certified by the Ohio Department of Human Services or by the Ohio Department of Aging or its designee, for one or two adults.

Adult family home--Includes recipients living in a residence or facility which is licensed by the Ohio Department of Health and provides accommodations for 3 to 5 adults and supervision/personal care services for at least 3 of these adults.

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

OHIO (Con.)

Apartment or room--Includes recipients who are being provided community mental health housing services and is certified by the Department of Mental Health and approved by a board of alcohol and drug addiction, mental health services.

Community Alternative home--Includes recipients who have Acquired Immune Deficiency Syndrome (AIDS) or a condition related to AIDS. The home is for 3 to 5 unrelated adults, and is licensed by the Department of Health.

Group home--Includes recipients residing in an adult foster care facility licensed by the Ohio Department of Health which provides room and board for 6 to 16 adults and also provides supervision and personal care services to at least 3 of these adults.

Residential Care Facility--Includes recipients residing in homes licensed by the Ohio Department of Health which provides accommodations for 16 or more adults and also provides supervision and personal care services to 3 or more individuals who require such services because of age or physical or mental impairment.

OKLAHOMA

Living independently--Includes recipients in Federal codes A, B and C, except those in nursing homes or hospitals

OREGON

Living independently--Includes recipients living alone in their own household.

Living with an ineligible spouse--Includes a recipient living with his/her ineligible spouse.

Living with an essential person--Includes a recipient living in his/her own household with an essential person.

Living in the household of another--Includes all recipients who live in the household of another.

Adult foster care--Homes or other facilities that include board and room and 24-hour care and service for 5 or fewer elderly or disabled persons who are age 18 or older.

Residential care--Facilities of 1 or more buildings on contiguous property that provide 24-hour care and service to 6 or more persons age 16 or older.

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

OREGON (Con.)

Room and board--Facilities that provide meals and housing in exchange for financial or other compensation.

PENNSYLVANIA

- | | |
|---|--|
| A | <u>Living alone</u> --Includes all recipients in private medical facilities (nursing homes, hospitals, intermediate care facilities) where title XIX is not paying more than 50 percent of the cost of care, residents of publicly operated emergency shelters throughout a month, and all other individuals and couples in Federal codes A and C not meeting the definitions of other State arrangements. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E). |
| B | <u>Living in the household of another</u> --Includes recipients who do not have an essential person (EP) and are in Federal code B. |
| C | <u>Living with an EP</u> --Includes recipients who are not living in the household of another or in a foster care home for adults and who have one or more EP's. |
| D | <u>Living in the household of another with an EP</u> --Includes recipients who live in the household of another and have one or more EP's. |
| G | <u>Domiciliary care facility for adults</u> --Includes adult recipients (age 18 and over) certified by the State to be residing in nonmedical residential care facilities. |
| H | <u>Personal care boarding home</u> --Includes adult recipients (age 18 and over) certified by the State to be residing in nonmedical residential care facilities, licensed by the Department of Welfare as a personal care boarding home. The facility offers supervision in personal care matters. It can be a for-profit facility. |

RHODE ISLAND

- | | |
|---|---|
| A | <u>Living alone</u> --Includes recipients who are in Federal codes A and C. Includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E). |
| B | <u>Living in the household of another</u> --Includes recipients who are in Federal code B. |
| D | <u>Shelter care facility</u> --Includes adult recipients who are in Federal code A and reside in a licensed shelter care facility. |

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

RHODE ISLAND (Con.)

E	<u>Medicaid facility</u> --Includes all recipients in Federal code D.
---	---

SOUTH CAROLINA

Licensed residential-care facility--Includes recipients who are ambulatory but are unable, either because of age or physical or mental disabilities, to care for themselves. However, their condition does not require the daily services of a registered or licensed practical nurse. The care facility must: 1) be licensed by the Department of Health and Environmental Control; 2) provide care to 2 or more adults for a period exceeding 24 consecutive hours; and 3) provide accommodation, board, and personal assistance in feeding, dressing, and other essential daily living activities.

SOUTH DAKOTA

Living independently--Includes all recipients in Federal codes A and C who are eligible for State supplementation and are not included under another State living arrangement.

Assisted living/adult foster-care home--Includes recipients residing in facilities or homes which meet State licensing or certification requirements and provide personal care environments. A personal care environment provides personal care and services in addition to food, shelter, and laundry to recipients who are not in need of skilled nursing care. Residents in personal care environments must be able to participate and cooperate in performing their normal activities of daily living even though they need some assistance.

UTAH

A	<u>Living alone or with others</u> --Includes recipients in Federal codes A.
---	--

B	<u>Living in the household of another</u> --Includes recipients in Federal code B.
---	--

VERMONT

A/B	<u>Living independently</u> --Includes eligible recipients who are not in any other State living arrangement. Includes children who are living with parents, recipients residing in private title XIX facilities where Medicaid is not paying more than 50 percent of the
-----	---

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

VERMONT (Con.)

cost of care, and recipients residing in publicly operated emergency shelters throughout a month.

- | | |
|---|---|
| E | <u>Living in the household of another</u> --Includes recipients in Federal code B who are not otherwise exempted from State supplementation. |
| F | <u>Level III-Residential care home</u> --Includes recipients living in Level III Community Homes identified by the State. |
| G | <u>Level IV-Residential care home</u> --Includes recipients living in Level IV Community Homes identified by the State. |
| H | <u>Custodial-care: Family home</u> --Includes recipients who are in Federal code A, live in another's home, pay room and board, and receive one or more custodial services. Custodial care includes providing basic room and board, plus such services as: help with feeding, dressing, bathing, moving under normal circumstances, occasional tray service and/or supervision for the recipients' protection. To qualify as a home under this arrangement, these services must be provided by a resident of the home and cannot be provided to more than two persons in the home. Custodial care or supervision provided by a spouse is not included under this arrangement. |
| I | <u>Medicaid facility</u> --Includes recipients in Federal code D.

<u>Living independently with an essential person</u> --Includes eligible individuals living in their own homes with an ineligible spouse, parent, or other caretaker who meets the State's definition of providing essential care and maintenance.

<u>Living in the household of another with an ineligible spouse who is an essential person</u> --Includes eligible individuals in Federal code B who live with an ineligible spouse who is an essential person. |

VIRGINIA

Adult Care Residence--Must be licensed. Four or more people receive care.

Adult family care--A foster care type arrangement. No more than three people; usually only 1 person. No license required, but approval by local department of social services is required.

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

WASHINGTON

- | | |
|---|--|
| A | <u>Living independently</u> --Includes most recipients in Federal code A or C. Excluded are recipients meeting the qualifications of other State arrangements, individuals with more than one essential person (EP), couples with one or more essential person, and residents of public emergency shelters for the homeless. |
| B | <u>Living with an ineligible spouse</u> --Applies to recipients who are living independently, are the head of their household, and are living with an ineligible spouse. |
| C | <u>Living in the household of another</u> --Includes most recipients in Federal code B. Exceptions are the same as noted above in State arrangement A. |
| F | <u>Living in the household of another with an ineligible spouse</u> --Includes recipients in Federal code B who have an ineligible spouse. |
| G | <u>Living with one essential person</u> --Includes recipients who live alone, are the head of their household, and were converted from the December 1973 State welfare rolls with an EP who has continued to live in the household. |
| H | <u>Living in the household of another with one EP</u> --Includes recipients, converted from the December 1973 State welfare rolls, who are living in the household of another with an EP who has continued to live in the household. |

Medicaid facility--Includes recipients in Federal code D.

WISCONSIN

Living independently--Includes recipients living in their own households, in private medical treatment facilities and receiving 50 percent or less of the cost of care from title XIX, or in nonmedical institutions. Also includes persons in medical facilities who are in Federal code A on the basis of their eligibility under Section 1611(e)(1)(E).

Living in the household of another--Includes recipients in Federal code B.

Living independently with an ineligible spouse--Includes recipients living in their own households with an ineligible spouse.

Living in the household of another with an ineligible spouse--Includes recipients in Federal code B who have an ineligible spouse.

In private nonmedical group home or natural residential settings--Restricted to recipients who require a supportive living arrangement and reside in private

APPENDIX D (Con.)

STATE LIVING ARRANGEMENTS

<u>Code</u>	<u>Description</u>
--------------------	---------------------------

WISCONSIN (Con.)

nonmedical group homes or in a natural residential setting with support. Eligibility is based on certification, on an individual basis, by the State.

Living independently with an EP--Includes recipients living in their own households with an EP who is not a spouse.

Living in the household of another with an EP--Includes recipients in Federal code B who have an EP who is not a spouse.

Living independently with an ineligible spouse who is an EP--Includes recipients living in their own households with an EP who is an ineligible spouse.

Living in the household of another with an ineligible spouse who is an EP--Includes recipients in Federal code B who have an EP who is an ineligible spouse.

WYOMING

Living independently--Includes only those SSI recipients in Federal code A who have no Federal countable income.

Living in the household of another--Includes only those SSI recipients in Federal code B who have no Federal countable income.

FUTURE EDITIONS

If you wish to receive the 1997 edition of this publication, please either mail or fax your name and address on the form below or phone.

Mailing Address: Social Security Administration
ORES/DSSA/SSI RESEARCH TEAM
3-J-1 Operations Building
6401 Security Boulevard
Baltimore, Maryland 21235

FAX No.: 410-965-3308

Phone: 410-965-9851

Put my name on the mailing list to receive the 1997 edition of the State Assistance Programs for SSI Recipients.

Name: _____

Address: _____
